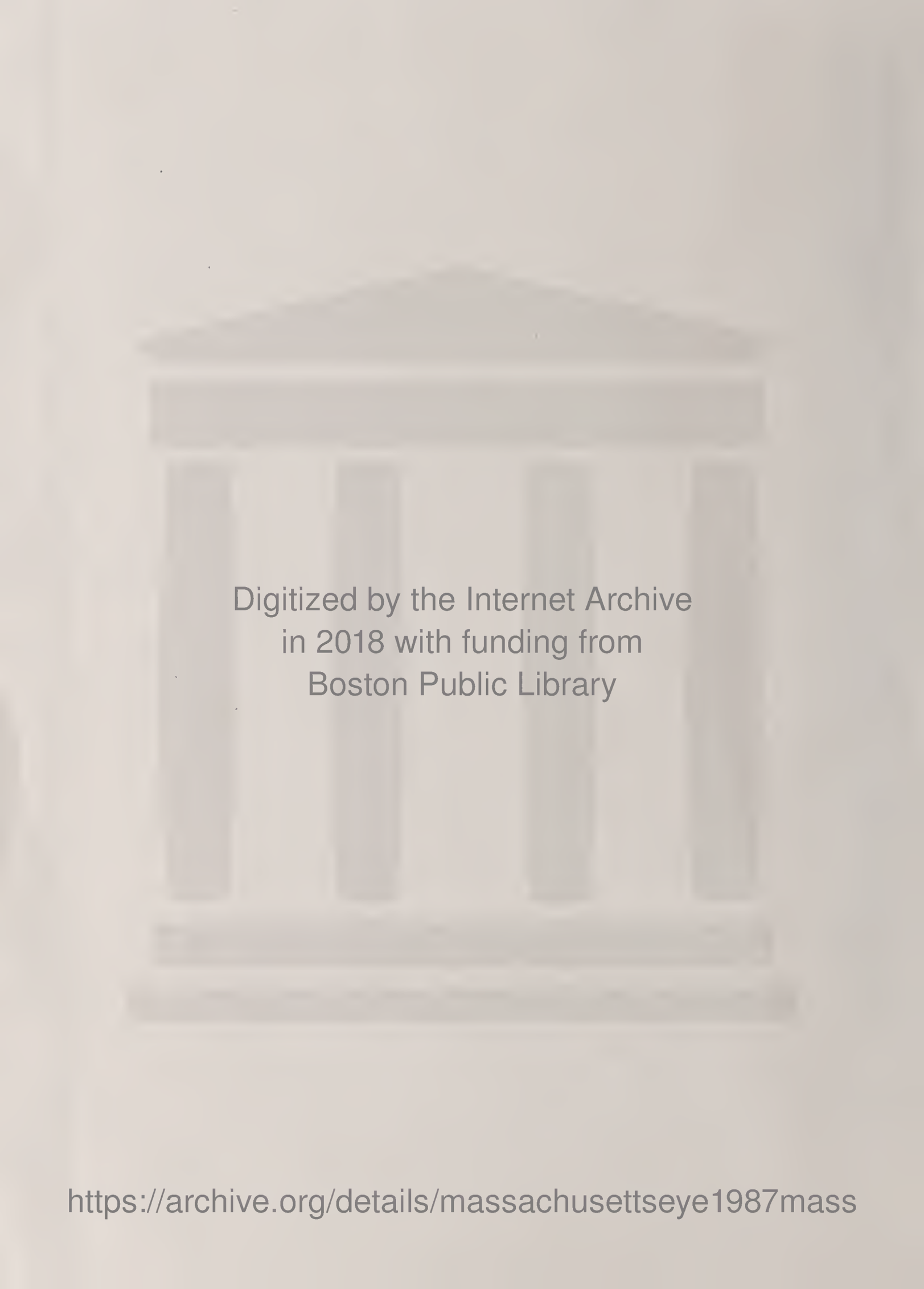
MASSACHUSETTS

EYE AND EAR INFIRMARY

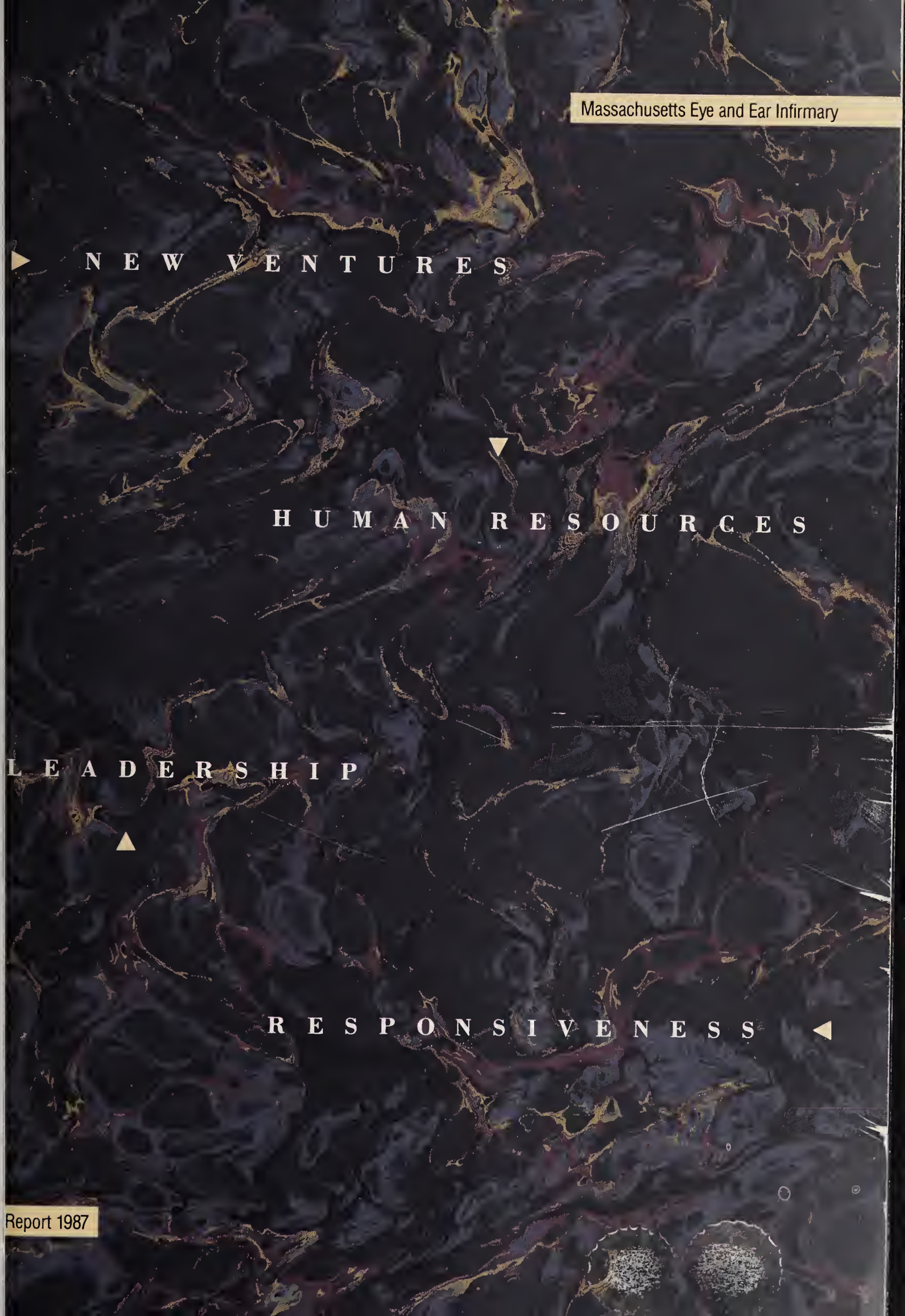


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Massachusetts Eye and Ear Infirmary
NEW VENTURES
HUMAN RESOURCES
LEADERSHIP
RESPONSIVENESS
Report 1987

I am pleased to present the 1987

Annual Report of the Massachusetts

Eye and Ear Infirmary. The efforts

and achievements reflected in

this report are a credit to the entire

Infirmary community.



August R. Meyer

Chairman of the Board of Managers

O N E O F A K I N D

Excerpted from the President's Message at the 1987 Annual Meeting of the Corporation and Professional Staff

Massachusetts Eye and Ear Infirmary

More than 150 years ago the French government decided to classify their wines by their region and by their quality. Their reason for doing this is that they did not trust the marketplace and decided that they had to protect the consumer.

The one unanticipated problem which bordered on a scandal was that Mouton Rothschild was found to be number two. But the response of the vineyard was interesting. They did not fight their designation. They decided to trust their product and the marketplace, and they made an asset of what many would have considered a liability: they devised a new motto. And the motto said that we cannot be number one; we will not be number two; we are Mouton.

The reason that I raise this is that the Infirmary similarly for the past 150 years has done well on its own in the marketplace, has developed a good product, was reimbursed for it, and flourished. However, the hospital industry is currently in sufficient disarray that we're caught in the cross-fire of conflicting regulations and rules and laws. And I would suggest that the proper posture for this hospital at this stage is to declare who we are and what we are. The question is: What is our identity?

By Ephraim Friedman, M.D.

Let me start first with what we are not. We are not an ambulatory surgical center—despite the amount of surgery that we do. We are not a general hospital, nor are we a part of one. We are not a community hospital, although Boston is our community and we are a primary care facility for the city. We are not a doctor's office, although we have a lot of doctors' offices in our building. We are not a free-standing research institute, although we do a lot of research.

Most importantly, we are not a fungible hospital. That is, we are not a hospital that can be interchanged with any other. If any given general hospital were to disappear, other hospitals would immediately take its position. But there isn't a hospital in this region, maybe in this country, that could replace the Infirmary.

Having defined what we are not, the question remains: What are we?

First of all, we are a hospital of last resort to a group of patients who look upon the Infirmary as the only place where they might be able to preserve their sight, their hearing, their speech. And although we have an international reputation, it is still important to recognize that most of our patients come from Massachusetts.

We are one of the very few surviving inpatient facilities for eye, ear, nose, and throat problems. The rest of the world has gone ambulatory.

We have an emergency room unlike any other in New England. In fact, very few specialty emergency rooms of this quality and volume exist in the world.

This hospital has, indeed, some unusual characteristics. Believe it or not, we have the largest group practice in any discipline in the Commonwealth. We have an extraordinary training program of international calibre and repute. Our clinical products range all the way from the very high-tech—lasers, proton beam, vestibular lab, cochlear implants—to the equally important low-tech—vision and speech rehabilitation, hearing aid dispensing. This is also one of the few places in New England where the deaf can be refracted.

I anticipate and am hopeful that our state and national legislators will, in the next few very critical weeks in the history of the Infirmary, do what is necessary to maintain this very unique institution.

Indeed, the Infirmary is one of a kind. What I'm suggesting is that a large general hospital we cannot be; a community hospital we shall not be; we are the Infirmary.

NEW VENTURES

The Infirmary's mission has always been clear—to provide specialized care to our patients, to educate medical professionals, and to advance medical research. Yet within the context of these commitments, opportunities exist to expand the applications of our mission and to develop innovative responses to ongoing challenges.

VHA

This past year, the Infirmary was invited to join the Voluntary Hospitals of America, an alliance of more than 800 premier non-profit hospitals nationwide. Membership provides a range of opportunities, from purchasing discounts to shared data systems to opportunities to participate in national managed care systems.



With funding provided by a combination of low interest federal loans and private philanthropy, the Infirmary embarked on an ambitious interior renovation and redecoration program under the supervision of A. Joseph Castellana, vice president for support services. In addition to refurbishing most patient services and public areas, an award-winning design for the Infirmary libraries and archives created facilities which reflect institutional education and research priorities.



Researchers in the Taylor R. Smith Laboratory of the Howe Laboratory of Ophthalmology have developed a diagnostic genetic test which identifies children at risk for developing a hereditary eye tumor. In a paper published in the January 21, 1988 issue of The New England Journal of Medicine, *authors Janey Lee Wiggs, Ph.D., M.D., Thaddeus P. Dryja, M.D., et al, reported that a test based on a simple blood sample will allow physicians to predict which individuals are predisposed to the heritable form of retinoblastoma. These study results mark a significant step forward in the prediction of human cancers.*

The Infirmary's physician group practice, the Massachusetts Eye and Ear Associates (MEEA), completed its first year of operation. MEEA has re-organized physician services and enhanced delivery of outpatient care during its first year of organization. MEEA is currently the largest group practice for any discipline in the region.



1987 marked the first year of operation for the Infirmary's full service Medical Records Department. Under the direction of Deborah Day Oliver, the department improved delivery of medical records to Infirmary clinicians and ensured greater continuity of care for patients. The new department also saved the Infirmary millions of dollars in potential lost revenue which results when medical records are incomplete or unavailable.

HUMAN RESOURCES

Throughout its history, the Infirmary has been fortunate in the calibre of its professional and support staffs. Their skills and devotion are the Infirmary's most important resource.



Faced with a growing labor shortage, especially in the nursing profession, members of the Human Resources Department, directed by Vice President for Human Resources Martha R.A. Fields, developed new ways to attract and retain employees. New programs were established in employee benefits, wage and salary administration, employee activities, and information systems.

On July 1, 1987, four residents in otolaryngology and eight residents in ophthalmology began their specialty training at the Infirmary. They represent some of the brightest and most talented medical school graduates in the nation. Infirmary fellowship programs attracted 37 new clinical and research fellows from 12 nations who seek the unique educational and research opportunities found at the Infirmary.

The Infirmary suffered the loss of two of its most prestigious physicians with the passing of Paul A. Chandler, M.D., and Trygve Gundersen, M.D., in 1987. Both were exemplary clinicians, teachers, and role models for several generations of young ophthalmologists.



Paul A. Chandler, M.D.

Over 120 employees were honored in October at the Infirmary's annual service awards ceremonies. An event marked by warmth and affection among supervisors and their employees, this year's ceremonies included a ceremony in the Meltzer Auditorium followed by a reception for 5-year employees, and a combined ceremony and lavish buffet dinner for employees with 10 years or more of service. Long-term employees honored at the event included Roger Lane (35 years), Hilda Coyne (25 years) and Clara Sellon, R. N., (25 years), Nursing; Barbara Healy (30 years), Glaucoma Consultation Service; and Nelson Y. S. Kiang, Ph.D., (30 years) Eaton Peabody Laboratory of Auditory Physiology.

Infirmary employees caught the team spirit this year as they participated in sports leagues throughout the city. Ron Wade, operating room, and Steve Pellegrino, clinical engineering, coached the boys of summer in a city softball league; roundball coach Ralph Iannuzzi, M.D., otolaryngology, and teammates participated in the Boston Hospitals Basketball League; team captain Regina Kilfoyle, public affairs, and fellow Infirmary runners competed in the 1987 Corporate Challenge; and captains Cathy DeLeon, R.N., operating room, and Mike Richard, pharmacy, organized an Infirmary team to play in a corporate volleyball league.



L E A D E R S H I P

On the eve of its 100th year of affiliation with Harvard Medical School, the Massachusetts Eye and Ear Infirmary continues to earn its reputation as one of the leading specialty care hospitals in the world. Leaders in their own right, Infirmary physicians, researchers, and administrators continue to demonstrate extraordinary initiative and ability in their professional activities.



The Infirmary played a key role in efforts by the American Association of Eye and Ear Hospitals to amend federal regulations for ambulatory surgery reimbursement. Arthur Berarducci, executive vice president of the Infirmary, was elected secretary of the association, whose membership includes some 15 major eye and ear hospitals from around the country.

''The new archives and rare book room houses the collective scientific and research achievements of those men and women whose combined efforts have helped to make this institution one of the world's great medical centers.''



Abraham Pollen, M.D. on the dedication of the Pollen Archives and Rare Book Library, June 11, 1987

Joseph B. Nadol, Jr., M.D., was appointed the Walter Augustus Lecompte Professor of Otology at Harvard Medical School. Nadol has been chief of otolaryngology at Massachusetts Eye and Ear Infirmary and chairman of the Department of Otolaryngology at Harvard Medical School since 1985.



New leaders of the Infirmary's professional staff for 1987/1988 are A. Greer Edwards, M.D., surgeon in otolaryngology, and Rogert F. Steinert, M.D., associate surgeon in ophthalmology.

Massachusetts Eye and Ear Infirmary publications have earned 15 national and regional awards for excellence in the past 2 years. Most recently, the Infirmary's Office of Public Affairs, headed by Vice President for Public Affairs and Marketing Joseph C. Goodman, won first place honors from the Association of American Medical Colleges, the American Society of Hospital Marketing and Public Relations, and the Public Relations Society of America.



Awards and professional appointments earned by Infirmary staff members in 1987 include: George Edward Garcia, M.D., associate chief of ophthalmology, the 1987 Man of Vision Award by the National Society to Prevent Blindness, Massachusetts chapter; Joan Krizack, archivist, the 1987 Richard Walden Hale, Jr., Professional Development Award, New England Archivist Association; Rose Brault, R.N., Ph.D., director of professional services review, treasurer, Massachusetts Society of Hospital Risk Management, Inc.; and Carmen A. Puliafito, M.D., director of the Morse Laser Center, editor-in-chief, ''Lasers in Surgery and Medicine.''

RESPONSIVENESS

The Infirmary is continually seeking to become more responsive, effective, and flexible. Establishing new services, developing educational programs, and creatively adapting facilities are just a few of the ways the Infirmary has been able to anticipate and meet the needs of patients and their families, visitors, and employees.

THE JOHN JEFFRIES HOUSE

The newly renovated John Jeffries House has been providing moderately priced accommodations for Infirmary patients and their families, as well as for visiting faculty, for nearly a year. Patients from as far away as Venezuela and Greece, as well as many parts of the United States, have expressed warm appreciation for the home-like atmosphere created by The John Jeffries House Manager Frank Silvia and his staff.

Over 120 preschoolers from the Boston area attended the Infirmary's "Learn By Doing Health Fair" on March 16, 1987. Organized by Child Life Specialist Carol Brandt with the assistance of many Infirmary departments, including anesthesia, nursing, social service, audiology, and many outpatient services, the fair offered instructive play stations including a visit to the anesthesia booth with puppets "Peanut Butter" and "Jelly."



Massachusetts Eye and Ear Infirmary employees demonstrated their caring instincts with their generous response to the 1987 United Way Campaign. Employee contributions totalled a record-breaking $29,125, exceeding the goal established by United Way Chairperson Mary Lou Davis, director of Scheduling.



First shift employees at the General Electric 1-77 Mature Engine Section in Lynn, Massachusetts, have demonstrated the effectiveness of an eye safety program in the workplace. Since May, employees failing to wear safety glasses on the job must make small donations to an eye safety fund. First shift employees donated the proceeds to the Infirmary's Eye Emergency Service in December, and reported proudly that there have been no eye injuries since the safety program was implemented.

"Normally I never seem to have time to write letters of appreciation for jobs well done, but the excellent treatment that I received at Mass. Eye and Ear today demands it. The staff showed a wonderful mixture of professionalism and friendliness that helped to make an otherwise anxious time actually pleasant . . . If all your departments operate like Ambulatory Surgery on the tenth floor, I can understand why Mass. Eye and Ear is a world class hospital."

Letter from an Ambulatory Surgery Patient, 1987.

The results of a major study on eye trauma were announced at a press conference at the Infirmary in June by researchers Oliver D. Schein, M.D., M.P.H., Bradford J. Shingleton, M.D., and Teresa Kunzwiler, R.N. Informational materials based on the study results were also disseminated nationally. As a result of the publicity surrounding the study, over 50 corporations in the U.S., Canada, and Great Britain, as well as countless individuals, have looked to the Infirmary for information on preventing possible devastating injuries to the eye.



M E D I C A L S T A F F

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Active Staff

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Frederic M. Ramsey, M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Jin W. Kim, M.D.

Associate Anesthesiologists
Bennie Geffin, M.D.
Malcolm J. Heslop, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Fayette C. Root, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Brigitte Kuperwasser, M.D.
Tuan X. Nghiem, M.D.
James B. Seder, M.D.

Associate Staff

Assistants in Anesthesiology (part-time)
Frank D. Adams, M.D.
John W. Allyn, M.D.
Michael T. Bailin, M.D.
Randall S. Hickle, M.D. (through 11/87)
Vincent L. Hoellerich, M.D.
Veronica Miler, M.D.
John B. Pawlowski, M.D.

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Ann Baker, M.D.
Michael Barry, M.D.
Karen Carlson, M.D.
Paul Casale, M.D.
Gerald Doyle, M.D.
Kim Eagle, M.D.
Carol Ehrlich, M.D.
Richard Field, M.D.
Ucel Finkelstein, M.D.
Carol Garner, M.D.
Alexandra Gibas, M.D.
John Goodson, M.D.
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Joseph Jacobson, M.D.
Kathleen Jennison, M.D.
Ruth Liberfarb, M.D.
Richard Moscicki, M.D.
Albert Mulley, M.D.
Britain Nicholson, M.D.
Allan Pineda, M.D.
Richard Pingree, M.D.
James Richter, M.D.
Paul Skolnick, M.D.
Bruce Walker, M.D.
William Wojno, M.D.
Johnson Wong, M.D.

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George E. Garcia, M.D.
B. Thomas Hutchinson, M.D.
Kenneth R. Kenyon, M.D.

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A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
S. Arthur Boruchoff, M.D.
Robert J. Brockhurst, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
David L. Epstein, M.D.
C. Stephen Foster, M.D.
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Silvio R. von Pirquet, M.D.

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Albert Ungricht, M.D.
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Cornea Service
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Ophthalmic Plastic Service
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John Woog, M.D., Acting Co-Director

Pediatric Ophthalmology Service
Johan Zwaan, M.D., Director

Retina Service
Evangelos S. Gragoudas, M.D., Director

Resident Training Program
Frank G. Berson, M.D., Director

St. Lucia Program
James P. Dailey, M.D., Director

Department of Ophthalmology — Research

Berman-Gund Laboratory for the Study of Retinal Degenerations
Eliot L. Berson, M.D., Director
Rikki Hansen, Manager of Administration

Investigators
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Dorothy J. Roof, Ph.D.
Michael A. Sandberg, Ph.D.
Susan Y. Schmidt, Ph.D.

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Gail A. P. Bruns, M.D., Ph.D.
Thaddeus P. Dryja, M.D.
Britain Nicholson, M.D.
Bernard Rosner, Ph.D.
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Estate of Eleanor Conway Sawy

Foundation of the Massachusetts Eye and Ear Infirmary, Inc.

Restricted Funds Balance Sheet September 30, 1987

Assets		
	Specific Purpose Funds:	
	Cash and Equivalents	$3,166,450
	Accounts Receivable	$201,965
	Grants and Contracts Receivable	$900,856
	Investments at cost	
	(Quoted market value: $3,878,031)	$3,804,125
	Due from other funds	$2,095,675
	Total	**$10,169,071**
	Building Fund:	
	Cash and Equivalents	$483,956
	Total	**$483,956**
	Endowment Funds:	
	Investments at cost	
	(Quoted market value: $27,743,418)	$24,428,674
	Notes Receivable	$600,000
	Due from other funds	$3,880
	Total	**$25,032,554**
Liabilities and Fund Balances		
	Specific Purpose Funds:	
	Accounts Payable	$18,106
	Due to other funds	$3,880
	Fund Balances	$10,147,085
	Total	**$10,169,071**
	Building Fund:	
	Fund Balance	$483,956
	Total	**$483,956**
	Endowment Funds:	
	Due to other funds	$19,607
	Equity in undistributed security pool gains	$4,575,396
	Fund Balances:	
	Income Restricted	$4,851,829
	Income Unrestricted	$13,735,494
	Quasi-endowments	$1,850,228
	Total	**$25,032,554**
The balance sheets for unrestricted and restricted funds include the following:		
	Income from Investments	$3,383,000
	Gifts and Bequests	$3,448,657

Foundation of the Massachusetts Eye and Ear Infirmary, Inc.

Unrestricted Funds Balance Sheet September 30, 1987

Current Assets			
	Cash		$620,346
	Accounts Receivable	$18,062,471	
	Less Allowance for Doubtful Accounts	$2,850,000	
			$15,212,471
	Inventories		$394,760
	Prepaid Expenses		$1,789,925
	Miscellaneous Accounts Receivable		$912,303
	Total Current Assets		**$18,929,805**
Other Assets			
	Board Designated Assets		$6,816,836
	Organizational Costs (Net of Amortization)		$407,168
	Property, Plant & Equipment	$84,673,870	
	Less Accumulated Depreciation	$29,542,364	
			$55,131,506
	Construction in Progress		$3,267,832
	Total Other Assets		**$65,623,342**
	Total Assets		**$84,553,147**
Current Liabilities			
	Current Installments of Long-Term Debt		$3,140,243
	Notes Payable		$445,367
	Accounts Payable		$3,716,054
	Accrued Expenses		$1,943,902
	Due to Other Funds		$2,235,831
	Due to Third Parties		$2,704,897
	Total Current Liabilites		**$14,186,294**
Other Liabilities and Fund Balance	Long-Term Debt, Less Current Installment		$29,103,410
	Rental Deposits		$15,389
	Note Payable to Other Funds		$600,000
	Estimated Medicare Waiver Liability		$152,220
	Fund Balance		$40,495,834
	Total Other Liabilities and Fund Balance		**$70,366,853**
	Total Liabilities and Fund Balance		**$84,553,147**

Massachusetts Eye and Ear Infirmary

Statement of Revenues and Expenses
September 30, 1987

Patient Service Revenue			$54,236,399
	Adjustment to patient revenue for uncollectable accounts, free care and contractual allowances		$8,332,513
	Net Patient Service Revenue		**$45,903,886**
Other Operating Revenue			
	(Including $11,899,639 from research and other specific purpose funds)		$20,498,753
	Total Operating Revenue		**$66,402,639**
Operating Expenses			
	Patient service (including depreciation)	$55,455,076	
	Research and other specific purpose direct expense	$11,899,639	
	Total Operating Expenses		**$67,354,715**
	Loss from Operations		($952,076)
	Non-operating revenues (net of expenses)		$1,380,440
	Excess of Revenues Over Expenses		**$428,364**

Comparative Statistics: Fiscal 1987–1986

Massachusetts Eye and Ear Infirmary

		1987	1986
Inpatient Hospital 174 Beds	Admissions:		
	Eye Patients	5178	5743
	ENT Patients	4092	3977
	Total Admissions	**9270**	**9720**
	Operations:		
	Eye Staff	4887	5412
	ENT Staff	3489	3417
	Total Operations	**8376**	**8829**
	Discharges	9304	9676
	Patient Days	32338	33771
	Average Patient Census	89	93
	Average Length of Stay	3.49	3.49
	Bed Utilization	51%	53%
Outpatient Department	Eye Clinic Visits **(1)**	50946	43833
	ENT Clinic Visits	24650	16713
	Total Outpatient Visits	**75596**	**60546**
Emergency Ward	Eye Cases **(2)**	20838	19886
	ENT Cases **(2)**	15504	14724
	Total	**36342**	**34610**
Ambulatory Surgery	Eye Cases	9618	9095
	ENT Cases	2630	2332
	Total	**12248**	**11427**
Special Services	Audiology	10027	11361
	Pattern Evoked Response	1851	1610
	Hearing Aid	2388	—
	Electroretinography (tests)	716	878
	Fluorescein (tests)	4326	4127
	Low Vision	724	738
	Neuro-Ophthalmology	1937	1468
	Occupational Therapy	277	—
	Otoneurology (tests)	818	371
	Ultrasonography (tests)	1336	1779
	Radiology (exams)	15410	18180
	CT Scan	4513	4720
	Laboratories:		
	Eye Pathology (specimens)	8678	8395
	ENT Pathology (specimens)	5538	5343
	Clinical Laboratory (procedures)	147401	141384
	Bacteriology (cultures)	10116	10142
	(1) General Eye Service	18323	19374
	Glaucoma	9141	7646
	Cornea Service	9799	—
	Retina Service (includes Immunology)	8060	4119
	Ocular Motility Service	2502	1577
	Contact Lens Service	1192	1358
	Eye Pediatric	1691	824
	Eye Plastic	238	218
	Total	**50946**	**36,087**
		EYE	**ENT**
	(2) Ambulatory Surgery	5226	1102
	O.R. 1–18	3841	523
	O.R. 20	551	1005
		9618	**2630**

ormation for Bequests

r the years many people have supported the Infirmary with gifts ugh a bequest. Such gifts have been the single greatest source of port for advancements in research and patient care.

most cases, the following language can be adopted to provide a gift our will:

ive ($_____ , or _____ %, or all of the remainder y estate) to the Foundation of the Massachusetts Eye and Ear rmary, Inc., to be used for such of its purposes as may be directed he Foundation's Board of Directors."

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1987
Annual Report

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Editor

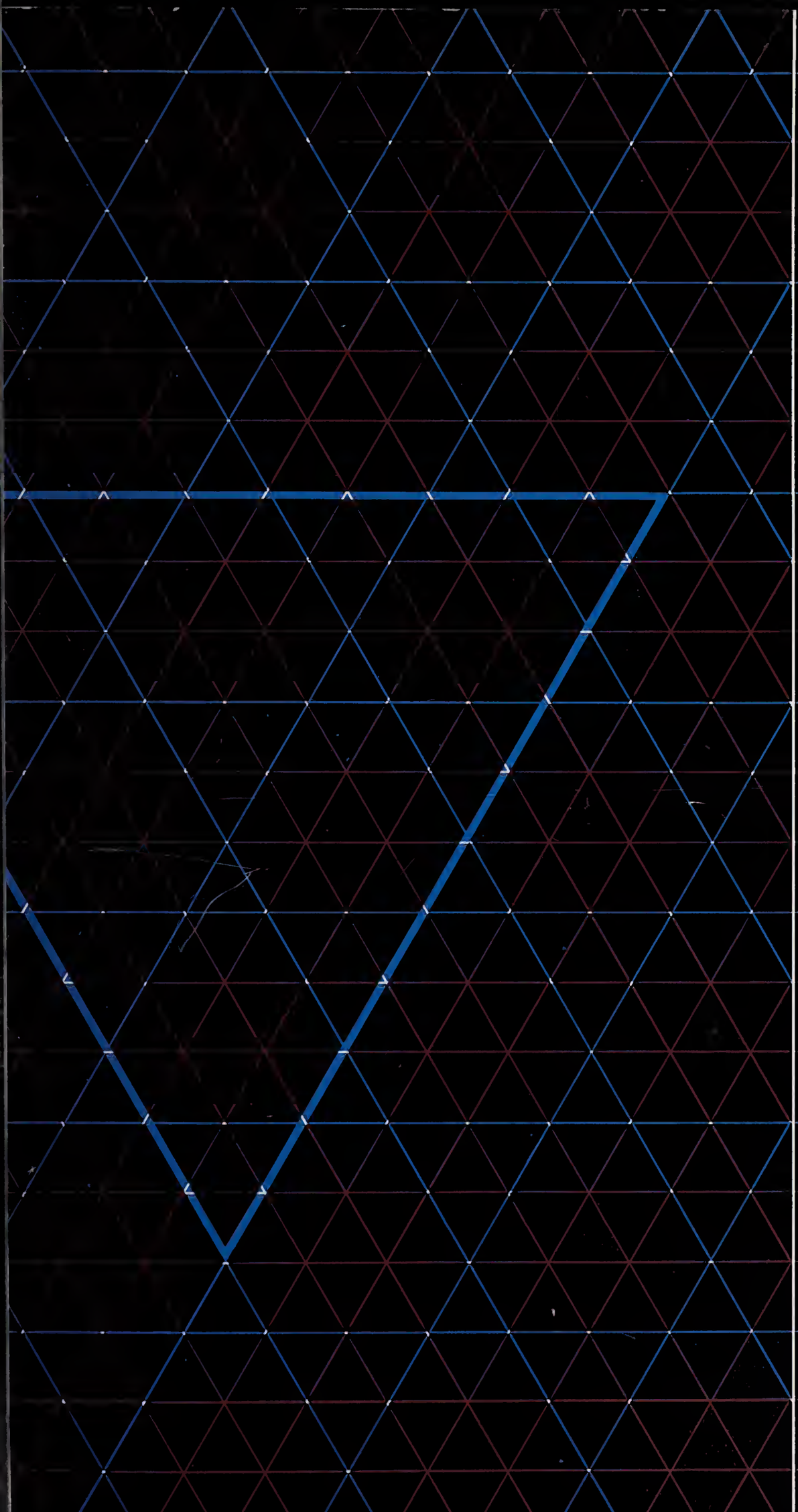
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243 Charles St.
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MASSACHUSETTS EYE AND EAR INFIRMARY ANNUAL REPORT 1988

The triangle motif depicted on the cover serves to illustrate the three fundamental commitments of the Massachusetts Eye and Ear Infirmary: patient care, teaching, and research.

The past year has been one of intense and unusual activity at the Infirmary.

Our success in achieving special reimbursement legislation from the state in April was later counterbalanced by greatly reduced reimbursement from Medicare programs, fewer inpatient admissions, and shorter lengths-of-stay for many of our patients. The fiscal impact of these trends was – and is – harsh, requiring a major effort to reduce costs and restructure our services.

As we strive to achieve fiscal stability for the Infirmary, we continue to confront the fact that our decisions may have painful consequences for Infirmary employees who must adjust to rapid, and sometimes unwelcome, change. Throughout this process, we remain mindful of the institutional mission to serve our patients by providing nothing less than the best care available in the world. Our search for cost-effectiveness must always serve this over-arching goal.

In 1988 we also recognized how important it was to reconsider our plans for the future and to revitalize our sense of common purpose. Several events stand out as benchmarks in this process.

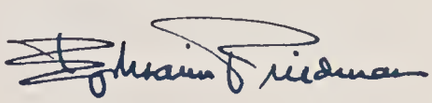
In the Department of Ophthalmology, the chairmanship was passed from Dr. Claes Dohlman, who has served with distinction for the past fifteen years, to Dr. Frederick Jakobiec, an extraordinary physican, researcher, and educator who clearly possesses the skill and initiative to lead the department into the future.

Dr. Joseph Nadol, chief of the Department of Otolaryngology, has been a persuasive advocate for extending the range of patient-care services offered by his department, and his vision has begun to be realized in several new clinical programs.

Another far-reaching event was the initiation of an intensive strategic planning process. This process has brought together trustees, medical staff, and administrators to develop a practical blueprint for the Infirmary's short and long-term future, and I consider the continuing refinement of this plan a critically important activity.

In touching upon these key advances of the past year, it is especially important to note the extraordinary contribution made by members of the Infirmary's board of trustees. Board officers – Chairman August Meyer, Foundation President Melville Chapin, Treasurer Frank Gerrity and newly elected Vice Chairman Tom Reardon – have led the way, joining with their fellow trustees to provide guidance, support, and direction in shaping Infirmary policy and defining our strategic direction.

I have little doubt that, in the year to come, we will once again be called upon to face difficult decisions, but this past year has shown that the Infirmary community has the resources needed to meet these challenges and to chart an ambitious course for the years ahead.



Ephraim Friedman, M.D.
President

Report of the Chief of Otolaryngology

Joseph B. Nadol, Jr., M.D.

As the specialty of otolaryngology-head and neck surgery matures into a more sub-specialized and inpatient-oriented discipline, the Infirmary's Department of Otolaryngology continues to match resources with evolving needs.

In the past year, renovations of outpatient areas on the second floor were begun. The remodeled facilities will decant patients from the crowded General ENT Service and allow adequate space for more sharply-focused specialty care and training. The first areas to be renovated were the Head and Neck Service, directed by Dr. Richard L. Fabian, and the Plastic and Reconstructive Surgery Service, directed by Dr. Mack L. Cheney. Pediatric Otolaryngology Service Director Dr. Roland D. Eavey has approved plans for renovated space contiguous to the other sub-specialty services. Joining Dr. Eavey this year to care for the Infirmary's growing number of pediatric patients is Dr. Michael Cunningham and pediatric otolaryngology fellow, Dr. Earl Harley.

Several new physicians have also joined the part-time staff, with many of them participating in patient care and residency training with the five sub-specialty services. They are: Dr. Judson Belmont, Dr. Gregory Fleming, Dr. Ralph Iannuzzi, Dr. Paul Konowitz, Dr. James Lucarini, Dr. Michael Makaretz, and Dr. Clifford Mihail.

Growing sub-specialization in clinical care has borne fruit in increased clinical research activities within the department. For example, clinicians are exploring laser applications to head and neck surgery, studying swallowing disorders, and have begun utilizing new endoscopic techniques for surgery of chronic or recurrent sinus infection.

Ongoing basic research includes the Cochlear Implant Research Program, directed by Dr. Donald K. Eddington. The laboratory relocated to new quarters on the fourth floor this year, which places these research activities in closer proximity to other otologic research facilities. Twelve patients have received a cochlear implant through the research program to date, and results in restoring hearing to these patients has far surpassed initial expectations. The success of the cochlear implant research program has led to the development of a clinical program for patients. Dr. Christopher Halpin was recruited to the Audiology Department in the past year to assist in establishing this service. The addition of the clinical service to the internationally recognized research program has made the Infirmary the regional center for all types of cochlear implant work.

Researchers with the National Temporal Bone Bank, located at the Infirmary and established and directed by Dr. Harold F. Schuknecht, continue to study causes of hearing loss. Research in the lab represents truly an international effort to answer puzzling questions of hearing loss; to date, Dr. Schuknecht has trained researchers from 30 countries around the world. This year alone, nine young physicians from both the



United States and five foreign countries hold research appointments with the lab.

In June, the department hosted an international symposium on Meniere's Disease research at Harvard University. Among the distinguished faculty were four Infirmary researchers – Dr. Robert Kimura, Dr. Nelson Kiang, Dr. Harold Schuknecht, and Dr. Conrad Wall. More such educational programs are planned on an annual basis with a different subspecialty service featured each year.

Growing apace with increasingly specialized patient care are enhanced diagnostic and treatment facilities. Opened in October 1986, the Jenks Vestibular Laboratory performed nearly 2,000 tests for balance disorders last year, and is developing a rehabilitation/support program for patients with balance disorders. The six-month-old Frozen Tissue Laboratory – which provides immediate, on-site pathology analyses – is already another success in improving patient diagnostic services, particularly for cancer patients.

The department is exploring several other unique treatment facilities, such as a separate recovery area for head and neck patients, who require intensive post-operative nursing care. A proposal to construct a Hyperbaric Oxygen Chamber – a facility where pure oxygen is used to enhance wound healing – is also under consideration to serve the needs of Infirmary patients as well as patients from throughout the region.

Increasing specialization and new patient care technology alone will not determine the future of otolaryngology-head and neck surgery at the Infirmary; space and finances will be significant factors in forming long-term plans for the department. Currently, strategic plans



are being explored by the department and hospital leaders which will guide the Infirmary into the next century. But what is clear in an otherwise shifting healthcare environment is that a critical need for this specialty care hospital exists today as it did at the Infirmary's inception in 1824. We have come full circle in justifying the mission of a specialty hospital.

Report of the Chief of Ophthalmology

Claes H. Dohlman, M.D.

This, my last annual report after more than fifteen years of chairing the Department of Ophthalmology, provides an opportunity to reflect not only on the achievements of the past year, but to take a retrospective look at the department's accomplishments since 1973, as well.

Over the past decade and a half, the number of patients has grown markedly, despite the vagaries of healthcare reimbursement systems and despite increasing competition on many sides. The full-time staff has also increased from 5 to 30 ophthalmologists, and this year, we welcome two new distinguished faculty members: Dr. John Shore, director of the Ophthalmic Plastics/Orbit Service, and Dr. Deborah Pavan Langston, Director of the Eye Virology Laboratory, and acting director of the Cornea Service. They join a faculty which is unrivalled for quality by any other specialty hospital.

The Infirmary's part-time staff has also grown substantially as it has reached broadly into the community and attracted talented and dedicated ophthalmologists who provide premier eye care, play major roles in the Infirmary's teaching programs, and participate in many clinical studies.

The Infirmary can be very proud of its residency training program, which consistently attracts the top candidates in the country for specialty training. The fellowship program, for both clinical sub-specialty training and basic research, is now the largest in the country, probably in the world. These men and women will carry the heritage of the Massachusetts Eye and Ear Infirmary to all parts of the country and to many corners of the globe.

Another foundation stone of the Infirmary has been its research programs. For half a century, the name of the Howe Laboratory has been a hallmark of excellence in basic research in ophthalmology. In 1974, the philanthropic impetus of two individuals – Mr. Bernard Berman and Mr. Gordon Gund – established another world-renowned research facility at the Infirmary, The Berman-Gund Laboratory. There, Dr. Eliot Berson and his team of researchers have done benchmark research into the causes of blinding, degenerative diseases of the retina, particularly retinitis pigmentosa.

Many research milestones have been passed at the Infirmary within this time period. For instance, in 1986 Dr. Thaddeus Dryja, collaborating with Dr. Daniel Albert and with researchers at the Whitehead Institute at M.I.T., cloned the first recessive cancer gene, the retinoblastoma gene. More recently, Dr. Albert's prize-winning work in which he created a



transgenic mouse which develops retinoblastoma promises to be a model for cancer research. Dr. Simmons Lessell's work on mitoses in the retina has created great interest. Among developments on the clinical side, Dr. Evangelos Gragoudas has pioneered the proton beam treatment of eye melanoma tumors, and Dr. Stephen Foster has developed methods of improving or curing some previously hopeless chronic inflammatory diseases with the aid of cytotoxic agents.

None of these research "firsts" would be possible, however, without the necessary support from the Infirmary's Managers and without heavy outside financial support. Funding can often be uncertain, particularly in times of government fiscal stringency, so it is a significant statement on the quality of Infirmary research that our yearly grant volume has increased nearly fifteen times during the past fifteen years – from about $500,000 to $7.2 million annually. Largely derived from government or foundation sources, such as National Institutes of Health or the Lions Research Fund, many individual benefactors have also generously provided the support necessary for secure, ongoing research. The support from all of these sources has resulted in a research program second to none by any measure.



While it is easy for our institution to assume credit for many successes, we must also acknowledge that disappointments and errors have occurred. Research setbacks, space problems, recruitment disappointments, and the recent painful vitamin A publicity are just some examples of the frustrations which always accompany any effort or change. Still, the spectacular overall growth in volume and in quality has positioned the Infirmary for further attainments, and as the Infirmary and the department prepare to enter a new decade under a new chief of ophthalmology, Dr. Frederick Jakobiec, its future looks most promising.

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Infirmary Trustee Ben Wunsch, chairman of the board of U.S. Sports, made a $1 million commitment to the Infirmary to establish the Ben Wunsch Scholarship Program. The program provides support for young investigators embarking upon careers devoted to the basic sciences and the diagnosis and treatment of disorders in the Infirmary's specialties of ophthalmology and otolaryngology.



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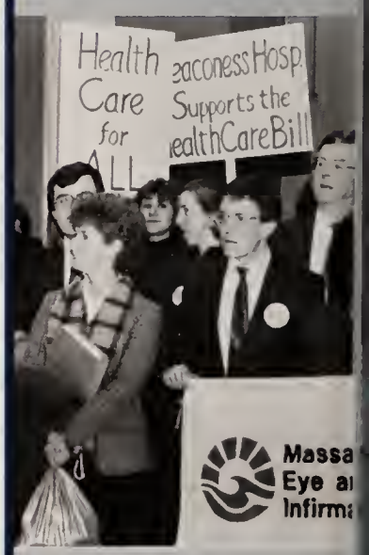
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In April new healthcare legislation for the Commonwealth was passed after more than a year of lively, and sometimes bitter, debate. The legislation included two major sections: one established a new plan for universal health insurance in Massachusetts, and the other established regulations for determining how much hospitals were to be reimbursed for providing patient services. In addition, a reimbursement formula specific to the Infirmary was added to the legislation.



Two new directors joined the Infirmary's Plastic and Reconstructive Services: Mack Cheney, M.D., director of Facial Plastic and Reconstructive Surgery for the Department of Otolaryngology; and, John W. Shore, M.D., director of the Plastics/Orbit Service for the Department of Ophthalmology.

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Bjorn Bie, M.D.
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Alfred Weiss, M.D.

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Assistant Pathologist
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Oral-Facial Prosthetic and Restorative Dentistry
Jeffrey Rubenstein, D.M.D.

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Robert E. Klotz, M.D.

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Daniel Miller, M.D.
John Richardson, M.D.

Senior Consulting Associate Surgeon in Otolaryngology
John Trakas, M.D.

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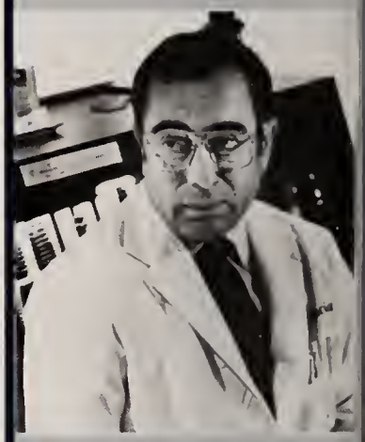
Clinical Fellow in Otolaryngology
Elie Rebeiz, M.D.

SERVICES

Alaryngeal Speech
Eve Herbert, R.N., Instructor

Audiology
Aaron Thornton, Ph.D., Director

Auditory Evoked Response Laboratory
Barbara S. Hermann, Ph.D., Director



George E. Garcia, M.D., associate chief of ophthalmology and director of the general eye service, was elected president-elect of the American Academy of Ophthalmology.

The Infirmary and its medical staff formed a joint organization, the Massachusetts Eye and Ear Infirmary and Physician Staff, Inc. Known as MeSH, the venture establishes contracts with outside insurers to offer their customers complete eye, ear, nose, and throat care. This allows the insurers to offer customers the best available care, and the Infirmary to serve more patients.

The Infirmary was awarded full accreditation for three years from the Joint Commission on Accreditation of Health Organizations (JCAH). In a letter to Infirmary President Ephraim Friedman, M.D., the JCAH stated that "the achievement reflects the efforts of your organization to provide high quality care for those you serve."

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Jin W. Kim, M.D.

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Fayette C. Root, M.D.
Lily G. Tabbal, M.D.

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Tuan X. Nghiem, M.D.
James B. Seder, M.D.

Assistant in Anesthesiology
Martin A. Acquadro, M.D.

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Jeanne Keller, M.D.

Consultants in Radiotherapy
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

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Consultant in Radiotherapy
Milford D. Schultz, M.D.

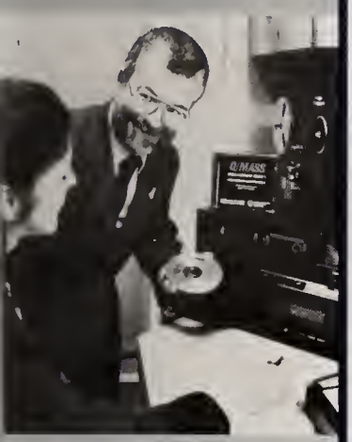
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1987 Jack H. Vernon

The Infirmary's Office of Public Affairs began producing *Physician's Report from the Massachusetts Eye and Ear Infirmary*, a monthly personal health column distributed to media outlets in New England and New York as well as selected syndicated columnists, popular magazines, and wire services. All information in *Physician's Report* is provided by Infirmary physicians. The column has been well-received by the media and covers topics such as barotrauma, glaucoma, childhood eye safety, hayfever, swimmer's ear, and Meniere's Disease.

Aaron Thornton, Ph.D., and Michael Raffin, Ph.D., developed a compact disc containing 90 percent of the standard speech hearing tests used in the United States. Called "Q-Mass Speech Audiometry - Volume 1," the disc is the first of its kind in the nation, and will improve the quality of hearing tests and reduce testing time for about 1.8 million Americans each year.



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1988 William Glazer
1988 Ms. Mary Ann Glendon
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1988 Winthrop Knowlton
1988 Timothy J. Lord
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1988 Neil St. John Raymond
1988 William E. Roman
1988 Kenneth R. Rossano
1988 Ralph F. Verni

Year indicates date of election to board

* Trustee Emeritus

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Roy Lightfoot, Director

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Mrs. Konrad Gesner



Carol Covell, R.N., M.S., was named Infirmary vice president for nursing in 1988. In addition, Albert L. Broseghini, Ph.D., was appointed vice president for research administration.

Patient care for possible cancer victims was significantly enhanced at the Infirmary with the construction of a new Frozen Section Laboratory. The new facility enhances pathology services for both patients and surgeons, significantly decreases waiting time for patients under anesthesia, and promotes more direct communication between surgeon and pathologist.

The Richard and Susan Smith Foundation awarded a $40,000 grant to the Infirmary's Rehabilitation Center to establish a Speechreading Laboratory. Located within the Audiology Department's Hearing Aid Center, the laboratory will develop state-of-the-art evaluation and training for profoundly deaf patients enrolled in the Infirmary's Cochlear Implant Program, provide training for severely hearing impaired patients, and serve as an investigative site aimed at acquiring a better understanding of speechreading and how best to facilitate the process of training and instruction.

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The Reynolds Society

The Reynolds Society was established in 1986 to honor those individuals who contribute $1,000 or more to the hospital within a fiscal year. Named for Edward Reynolds, M.D., (1793–1881), co-founder of the Infirmary, the Reynolds Society included in fiscal year 1988 donors to the Infirmary Fund, the annual giving program of the Massachusetts Eye and Ear Infirmary, as well as donors who designated their gifts to a specific area of interest. The hospital would like to thank the following members of the Reynolds Society who made gifts between October 1, 1987 and September 30, 1988:

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*Dr. and Mrs. Daniel M. Albert
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*Mr. and Mrs. Robert A. Fairbairn
*Mr. and Mrs. David Ferry
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*Dr. and Mrs. C. Stephen Foster
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In most cases, the following language can be adopted to provide a gift in your will:

"I give ($_____, or _____%, or all of the remainder of my estate) to the Foundation of the Massachusetts Eye and Ear Infirmary, Inc., to be used for such of its purposes as may be directed by the Foundation's Board of Directors."

At your request, the Office of Development will provide information about the tax implications of a gift through your will, as well as help with any other questions you might have about specific uses for your gift. Please contact Peter V.K. Doyle, Senior Development Officer, (617) 573-3345. All inquiries will be handled on a confidential basis.

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1988 ANNUAL REPORT

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IS MEASURED BY
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The Massachusetts Eye and Ear Infirmary is a Massachusetts not-for-profit corporation. Its sole member is the Foundation of the Massachusetts Eye and Ear Infirmary, Inc., a Massachusetts not-for-profit corporation organized exclusively for the benefit of and to carry out the purposes of the Infirmary. The Foundation is also the sole member of the Massachusetts Eye and Ear Associates, Inc., a Massachusetts not-for-profit corporation organized to provide medical and health care to the patients of the Infirmary, as well as to participate in research, teaching, and related activities. The Massachusetts Eye and Ear Infirmary is an equal opportunity/affirmative action employer.

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A PHILANTHROPIC TRADITION

Infirmary Vision Rehabilitation Service Medical Director Joel A. Kraut, M.D., his wife Cathy, and her parents Adeline and Harold Ansin, have devoted themselves to ensuring that help is available to a special group of eye patients—people with severe low vision who cannot be cured with surgery or medication. By sponsoring fundraising events, by speaking with friends and the media, and by donating generously themselves, the Krauts and the Ansins have helped to create a permanent vision rehabilitation facility within the Infirmary's Rehabilitation Center.

Report of the Chairman of the Board of Managers

What is the mission of the Massachusetts Eye and Ear Infirmary? ¶ For the past 166 years it has been simple: to provide the best possible research, teaching, and clinical care in ophthalmology and otolaryngology. ¶ Has our mission changed? And if not, should the Infirmary remain a free-standing hospital? ¶ History teaches us that separate eye and ear hospitals exist because most ophthalmology and otolaryngology procedures are elective; that in a general hospital, eye and ear, nose, and throat cases are "bumped" for more emergent cases and by more powerful services. This is as true in 1990 as it was when the Infirmary was founded in 1824. History also teaches us that, by and large, the greatest advances in eye and ear research and clinical treatment take place in separate eye and ear hospitals where everyone's energies are focused. ¶ Bruce Spivey, M.D., the executive vice president of the American Academy of Ophthalmology, recently told me that the Massachusetts Eye and Ear Infirmary is the "crown jewel" of eye and ear institutions nationwide and must be preserved and, indeed, strengthened, at all costs. No where else is there such a confluence of talent, of critical mass, of superb clinical, teaching, and research capabilities. ¶ It is my firm belief that the mission of the Infirmary remains unchanged, and that separate and focused energies are essential. I also believe that while the mission is intact, the forms of delivery will be radically different as we go forward. ¶ 1. The Hospital With the dramatic move to outpatient care, and with the governmental and third party payor squeeze on reimbursement, the hospital has had several tumultuous years. I believe we are well on the way to putting that chapter behind us. Some positive changes are:

- the Infirmary's budget deficit has been narrowed, and next year there will be a balanced budget;
- the management team has been streamlined;
- our operating rooms are more efficient and will become even more so;
- shared service and/or other arrangements with the neighboring Massachusetts General Hospital and other hospitals are being explored;
- communications and teamwork have increased at all levels; and,
- our new executive vice president, Curt Smith, together with medical staff leaders, has introduced an innovative 4% program where everyone in the Infirmary has been asked for ideas to reduce costs by 2% and raise revenues by 2%.

¶ The Infirmary is healing itself and is well on the way to robust good health. ¶ 2. Research The Board of Managers was recently treated to a presentation by Drs. Eliot Berson and Thaddeus Dryja on their breakthrough research on retinitis pigmentosa. The board was impressed, and was reminded yet again of the importance of the Infirmary's role as a center for research, education, and patient care for our specialties. ¶ Yet, as breathtaking as it is, this research is just one of the many exciting research projects being conducted at the Infirmary. ¶ The chiefs, Drs. Joseph Nadol and

Frederick Jakobiec, have been asked to dream—to envision research that will put the Infirmary on the cutting edge 10, 15, and 20 years from now. Both chiefs, together with their departments, have produced ambitious and exhilarating research expansion plans. ¶ The Board of Managers is currently meeting with investment bankers to explore ways to finance these exciting plans. Philanthropy will also play a central role in making all of this possible. ¶ I am confident that these dreams will be realized. ¶ In addition, sponsored research is becoming an increasingly important way to fund research. Strict adherence to ethical conflict-of-interest guidelines is essential; however, sponsored research from the corporate community must and will be pursued diligently. ¶ 3. Massachusetts Eye and Ear Associates MEEA is a large group practice operating under the Foundation of the Infirmary. The mission and structure of MEEA is under intensive scrutiny. At the very least, I believe that MEEA must be radically restructured to become truly "doctor-driven." ¶ MEEA must also expand geometrically over the next several years. In my opinion, MEEA can become the engine which drives the Infirmary into the future—becoming much larger (in terms of revenue) than the hospital itself. ¶ Within the geographic area defined by Route 495, MEEA must become the dominant player. Satellite offices, surgicenters and the like must be developed. Outside Route 495, MEEI Institutes will be formed in cooperation with other hospitals. MEEA will staff the institutes, will control quality, and will protect tertiary referrals for the Infirmary. A cooperating hospital will provide space and equipment, and will obtain market differentiation through association with MEEI, as well as primary and secondary admissions. ¶ Providing a regional system of superb clinical care throughout New England, with revenues to help support teaching and research, is not only consonant with the mission of the Infirmary, it advances our mission to new levels. ¶ 4. Managed Care The MeSH is a partnership between the Infirmary and its medical staff. It has now negotiated and signed "managed care" contracts with Harvard Community Health Plan, Blue Cross/Blue Shield Master Health Preferred, Tufts Associated Health Plan (TAHP), and Travelers Insurance Company. Only 50% of the hospitals in Massachusetts have contracts with BC/BS Master Health Preferred, and the Tufts plan was previously unavailable to the Infirmary. Contracting with these two payors is a substantial accomplishment. ¶ As we look to the future, the MeSH must do several things.



• It must develop, along with primary and multi-specialty physicians at the M.G.H., or elsewhere, our own risk pool similar to the TAHP group practice model.

• Medicare will soon be contracting with preferred provider organizations for all cataracts as well as other procedures. The MeSH must be a player as Medicare moves in this direction.

• Direct contracting with major employers (without a health maintenance organization or insurer as a middleman) is the wave of the future. Again, MeSH must move aggressively in this area.

¶ What "managed care" is all about is patient flow and dollars. A sufficient flow of both to the Infirmary is necessary if we are to continue to fulfill our teaching, research, and clinical care missions. ¶ 5. Home Care and Extended Care As patients have been moved out of hospitals more quickly, health care systems have followed them beyond hospital walls to their homes or extended care facilities such as nursing homes, rehabilitation facilities, or assisted living centers. The Infirmary must do the same. One example is already taking shape in the area of home infusion therapy for head and neck cancer patients. The Infirmary is about to join a joint venture with M.G.H., New England Medical Center, and 18 community hospitals to do just that. Again, the mission of the Infirmary is fulfilled—but in a much different setting. ¶ 6. Philanthropy A major capital campaign, as well as a concerted drive to attract foundation and corporate giving must be pursued. Development of the latter is underway; the former will follow. ¶ In the meantime, major events like the "Monte Carlo" night sponsored by the Ladies Visiting Committee, and individual giving by the entire Infirmary family, must be sustained and increased. ¶ A recent issue of *U.S. News and World Report* (which annually rates the best American universities, medical schools, and the like) listed the Massachusetts Eye and Ear Infirmary as one of the best 50 hospitals in America. Philanthropy will play a major role in keeping the Infirmary in such a lofty position. ¶ 8. Chief Executive Officer The search for a new chief executive officer proceeds as planned. A search firm has been selected, and the process of interviewing many members of the Infirmary community has now been completed. Requirements for the new CEO, as well as goals for the future, will be drawn up, and candidates will be identified. It is hoped that a candidate will be selected by July of this year. ¶ The CEO must be many things to many people. Above all, he or she must articulate and implement a vision of the future as it applies to the mission of the Infirmary. No one person can do this alone. Both before and after the arrival of the new CEO, the entire Infirmary family must pull together to see that the mission, the torch, is passed on. ¶ We must and will succeed.



Thomas M. Reardon, Chairman, Board of Managers



CO-WORKERS FOR 26 YEARS

Short-Order Cook Hiwatha Glover and Dietary Service Director Herbert Kirshnit have worked together for the past 26 years and have worked at the Infirmary for a combined 53 years. As two of the Infirmary's best-known and most-loved employees, they have served millions of patients, visitors, and staff members, and have helped build a hospital dietary service renowned for its quality and service.

Report of the Executive Vice President

We read every day of changes or crises in our healthcare system. These issues seem remote for most readers, but to hospitals and healthcare workers the reports carry a clear message: in the national shake-out taking place in healthcare there will be some winners and some losers among healthcare providers. While healthcare issues may continue to be unsettled, however, I firmly believe that the Infirmary is slated for success in the coming decades. What must we do to ensure our success? In general, we must concentrate on cost-control, quality enhancement, innovation, and cooperation. Already this year, significant steps have been taken in these directions. ¶ The Infirmary has been grappling with a budget deficit for three years. All departments have taken measures to greatly reduce the deficit, and now, new efforts are underway which will lead to a balanced budget next year. But we must do more than balance our income and expenses; we must also intelligently and creatively utilize our resources to ensure the Infirmary's continued financial stability in future years, as well. I am confident that the Infirmary has the will and the talent to achieve this. ¶ Recently, the entire Infirmary community was asked to participate in the "Four Percent Solution," a program to balance the Infirmary's budget by increasing earnings by 2% and reducing expenses by 2%. In one 90-minute meeting, Infirmary department managers proposed 64 new programs which should accomplish just that. A new program to educate our medical staff on cost-efficient ordering practices which are consistent with quality patient care was also begun this winter, and a similar program will be presented to the nursing staff. ¶ In addition, a collaborative effort by many groups, including the operating room staff, the anesthesia department, scheduling, and the physicians, has dramatically improved our operating room function. Case turnover time has been improved for greater efficiency, and equipment and supply needs have been re-assessed to reduce expenses. The operating room is the hub of



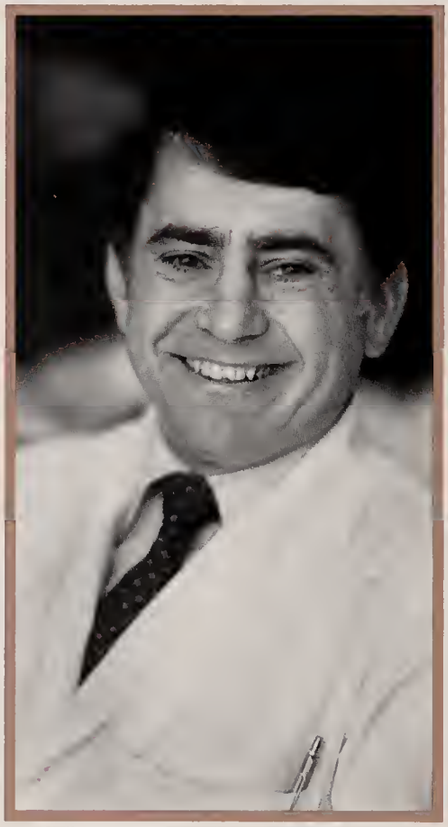
Infirmary patient care activities, and in this instance is also serving as a model which is indicative of the institution's capacity for cost containment and improved patient care through a spirit of cooperation. Great credit goes to Acting Chief of Anesthesia John Donlon, M.D., Associate Chief of Ophthalmology Donald D'Amico, M.D., and to Director of Surgical Services Cyndye Trifilo, R.N., for their leadership in this effort. ¶ A similar impetus for improvement and change has been tapped throughout the Infirmary community. Just one example of this is the recycling program developed by the Environmental Services staff which has been enthusiastically supported throughout the hospital. Also, an on-going employee suggestion program and a new "Employee of the Month" program rewards innovation and excellence by any member of the Infirmary community, while a sense of institutional pride is building to a new level throughout the hospital. ¶ Another benefit of this effort to contain costs while developing new programs is a growing sense of institutional cooperation and communication: between medical services such as radiology, internal medicine, or pathology to support and strengthen our two specialty departments of ophthalmology and oto-laryngology-head and neck surgery; between departments and departmental managers as they work together to develop new and more efficient methods of functioning; and between physicians and management as they work together to produce common goals for improved patient care, research, and educational programs. ¶ As the Infirmary embarks on a new decade, the leadership of the Infirmary—the chiefs, the board of managers and trustees, and management—clearly have a vision of the future which places us in the forefront of our specialties regionally, nationally, and internationally. I look forward to working at all levels of the organization to help make this vision a reality.

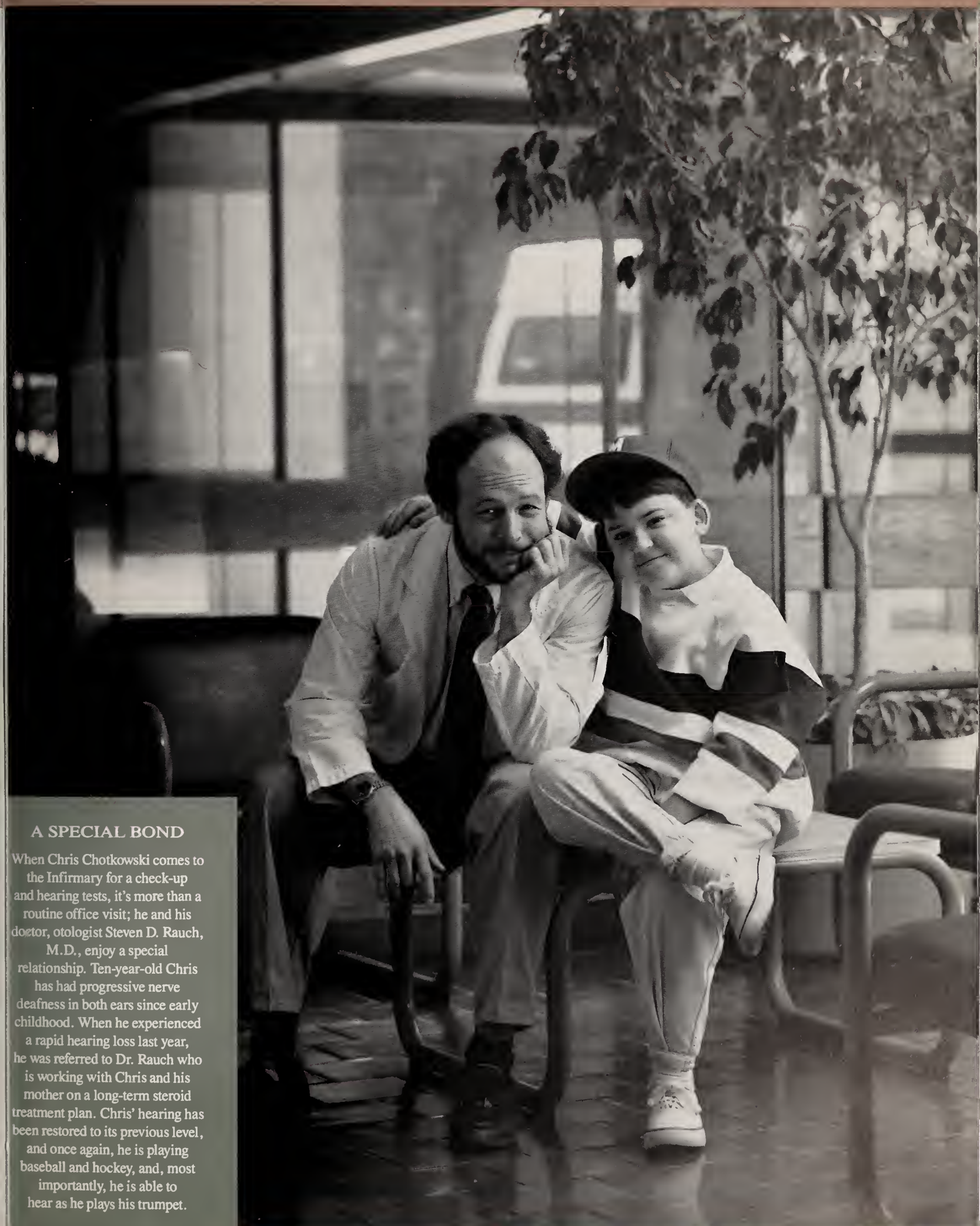


Curtis Smith, Executive Vice President

Report of the Chief of Otolaryngology

This year, a long range plan was prepared which articulates the direction and growth of the department for the next decade. Building on the rapid growth of sub-specialty care in recent years, the plan envisions substantial diversification of outpatient services as well as strengthening of the subspecialty capabilities of the department in inpatient care. ¶ Already, several specialty services for treatment of facial nerve, sinus, and spastic motor disorders have been established, and additional outpatient space will accommodate these new and growing services and allow for the development of others. In addition to clinical services offered at the Infirmary campus, plans have begun for development of satellite units. For inpatient care, plans for a hyperbaric oxygen therapy unit, as well as an intensive care unit, for head and neck cancer patients will provide new approaches for care for a more diverse patient population. ¶ Recruitment of world-class researchers and clinicians is essential to the development of the department, and several recruitment efforts have been initiated. In the clinical arena there are ongoing searches in the area of general otolaryngology and head and neck surgery. The department has also initiated a search for clinician/teachers to assume responsibility for general ear, nose, and throat outpatient services. This should not only improve resident teaching, but also substantially enhance continuity of care. A national search for a research scientist in the area of immunohistochemistry has been successfully concluded, and in July we will welcome Joseph Adams, Ph.D., to this position. His expertise will complement ongoing research activities in biochemistry, neurophysiology, anatomy, and pathology. ¶ Joining the medical staff this year were Cynthia Fisher, M.D., Randall Oppenheimer, M.D., Michael Cunningham, M.D., and Michael McKenna, M.D. Chief Emeritus Harold F. Schuknecht, M.D., announced his intention to retire from clinical activities, but the department is fortunate that he will continue with his research and teaching efforts. Another senior member of the department, Nelson Y.S. Kiang, Ph.D., was honored last summer with a three day research program celebrating his 60th birthday. Over more than three decades, Dr. Kiang has made outstanding contributions to the way we now understand the mechanisms of hearing, and, perhaps

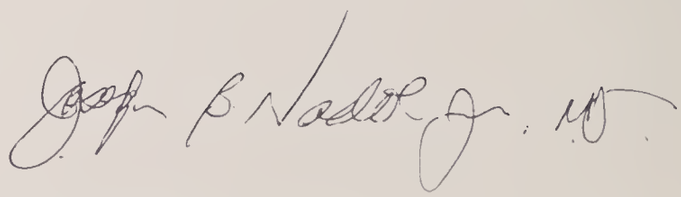




A SPECIAL BOND

When Chris Chotkowski comes to the Infirmary for a check-up and hearing tests, it's more than a routine office visit; he and his doctor, otologist Steven D. Rauch, M.D., enjoy a special relationship. Ten-year-old Chris has had progressive nerve deafness in both ears since early childhood. When he experienced a rapid hearing loss last year, he was referred to Dr. Rauch who is working with Chris and his mother on a long-term steroid treatment plan. Chris' hearing has been restored to its previous level, and once again, he is playing baseball and hockey, and, most importantly, he is able to hear as he plays his trumpet.

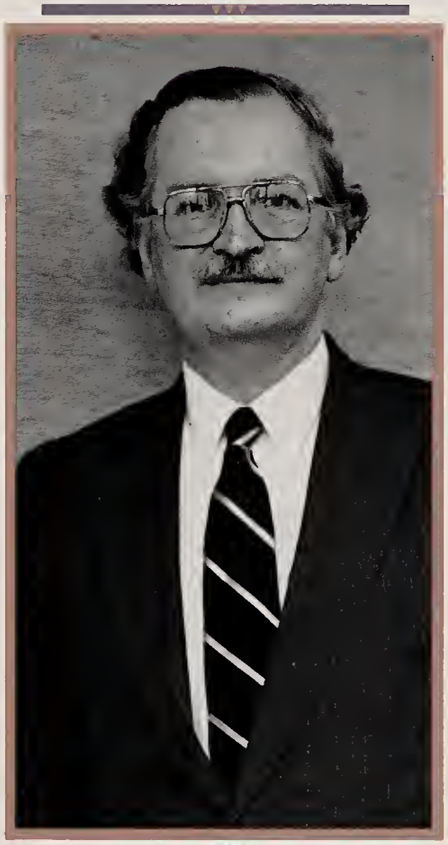
more impressively, has contributed to the training of many of the world's leading researchers in the field. ¶ In the area of research, the department is greatly indebted to the Amelia Peabody Charitable Trust for two grants this past year totalling $900,000 which will provide a permanent endowment fund to support research activities in the department. On a national level, the outlook for research funding in otolaryngology has been substantially enhanced by the establishment of a new institute within the National Institutes of Health: the National Institute on Deafness and Communication Disorders. Many members of the department participated in an N.I.H.-sponsored meeting to establish training priorities for the new institute. In addition, many Infirmary researchers made presentations at this year's annual meeting of the International Association for Research in Otolaryngology. ¶ The future direction of our educational programs was established this year for both postgraduate specialty training and continuing education for practicing physicians. Our residency training program, in conjunction with the other Harvard teaching hospitals and the University of Massachusetts Medical Center, currently provides training for 16 residents; this year the American Academy of Otolaryngology approved the expansion of the program to 20 residents. In addition, our research fellowship program has grown to include 17 fellows from around the world. Under the direction of Dr. Steven Rauch, the department continues to provide basic clinical training in otolaryngology for medical students from Harvard and other medical schools throughout the country. ¶ An ongoing program of continuing education was launched this year, with a series of clinical courses planned for six month intervals over the next several years. The proceedings of an earlier symposium on Meniere's Disease, held in 1988, have recently been published in book form, while several members of the department have been invited to contribute to several texts, including "The Oxford Textbook of Surgery" and "Surgery of the Ear and Temporal Bone." ¶ With the generous support of many alumni, staff, and friends of the department, surgical training in ear surgery and reconstructive procedures will be greatly enhanced for both residency programs and continuing education courses by the Temporal Bone Dissection and Microsurgical Training Laboratory. This important new facility has been completed on the fourth floor. ¶ The year 1989 has demonstrated steady progress in all areas of the department's mission, including the provision of high quality care in both inpatient and outpatient settings and the maintenance of high quality training and research programs. We are confident that the course charted in our long-range plan will ensure success in this new decade, as well.



Joseph B. Nadol, Jr., M.D., Chief of Otolaryngology

Report of the Chief of Ophthalmology

Having arrived in Boston last January to become chairman of the Department of Ophthalmology at Harvard Medical School and chief of ophthalmology at the Infirmary, it is with great enthusiasm that I write this first annual report. I express my admiration and gratitude toward my predecessor, Dr. Claes Dohlman, who during his tenure developed a remarkable staff and expanded the research activities at the Infirmary. My own initiatives represent refinements and amplifications of his outstanding legacy. ¶ In the area of staff and resident education, we organized an ambitious program of courses this year which was described in a 36-page booklet that was mailed to every ophthalmologist in the United States. There has been widespread favorable response to this project and excellent attendance at the courses. A distinctive feature of the program was a course that the ophthalmology residents themselves gave on "The Eye and Systemic Disease." ¶ A major new departmental effort is a projected four-volume textbook, *The Principles and Practice of Ophthalmology; The Harvard System*, to be edited by myself and Dr. Daniel Albert and to be published in 1991. Contributors will include members of the present department faculty as well as past graduates of Harvard and Infirmary training programs. This text will present to the profession the wealth of expertise that the clinicians and vision scientists at Harvard and the Infirmary have amassed. ¶ Another new initiative is the formation of the "Harvard Interinstitutional and Interdisciplinary Committee on Vision Science Education and Research." This committee will bring vision scientists at the Infirmary, at the Harvard Medical School, and at M.I.T. into contact for information exchange on the latest scientific developments and will foster new collaborations among scientists, staff, residents, and fellows. The committee will also promote scientific symposia, postdoctoral training programs, and, eventually, the publication of a journal comprehending all vision science topics. In addition, the recent appointment of Elio Raviola, M.D., Ph.D., as vice chairman of the Department and director of the Howe Laboratories will immeasurably strengthen the Infirmary's links to the medical school and the Longwood Avenue medical centers. ¶ This year a facility plan was



formulated which will allow the Department of Ophthalmology to recruit three more basic scientists in the areas of molecular genetics, immunology, and cell biology. Other incremental space will be devoted to upgraded clinical facilities. A significant development for future clinical care standards was the appointment of Dr. Roger F. Steinert as the new director of the Cornea Consultants. Dr. Michael D. Wagoner is the new associate director, and also joining the full-time faculty of the cornea service are Drs. S. Arthur Boruchoff and Ann M. Bajart. ¶ In the realm of research, the department continues to flourish. Dr. Oliver Schein and his collaborators published a pair of landmark scientific articles in *The New England Journal of Medicine* highlighting the problems with infections associated with soft contact lens use. Drs. Deborah Pavan-Langston and C. Stephen Foster are conducting pathbreaking investigations on herpes simplex and herpes zoster infections of the eye to develop effective treatments for these potentially devastating conditions. ¶ A most significant achievement was the discovery by Drs. Thaddeus Dryja and Eliot Berson and their colleagues of a gene responsible for one form of retinitis pigmentosa, a hereditary degeneration of the retina for which there is now no treatment. Another discovery in the area of genetic research was accomplished by a young group of investigators led by Dr. David Yandell. Their research has led to a diagnostic test which can be used to predict the development of retinoblastoma, a childhood eye cancer. Published in *The New England Journal of Medicine*, their results hold potential for detecting other genetic diseases. ¶ There has been considerable national debate as to whether drug therapy actually works to control glaucoma—the third leading cause of vision loss in this country. Dr. David Epstein and his associates have assembled and published data indicating that early treatment of glaucoma does indeed arrest the course of the disease. ¶ In addition, the development of new lasers and their ocular applications have been carried forward in the Morse Laser Laboratory by Dr. Carmen Puliafito, who has collaborated with staff members of the Retina Service and Glaucoma Service in developing new therapies. Dr. Hong Ming Cheng and his associates continue to unravel with great precision the underlying causes of cataract formation, while the effect of aspirin on cataract formation is under study by Dr. Johanna Seddon and researchers in our Epidemiology Unit. ¶ Despite the difficult financial, sociological, and cultural transitions that medical institutions are confronting, it is clear that our specialty and department remain healthy and productive, and show strong vital signs for continued growth. I am enormously proud to be associated with this department.



Frederick A. Jakobiec, M.D., Chief of Ophthalmology

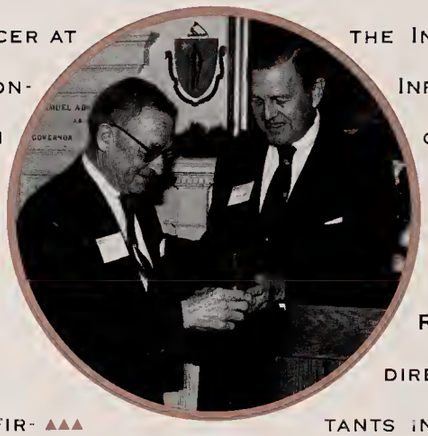


COLLABORATING TO FIND A CURE

Collaborative relationships with researchers from other Harvard-affiliated institutions and M.I.T. are helping Infirmary investigators to find treatments and cures for blinding eye disorders. Infirmary Neuro-ophthalmology Service Director Simmons Lessell, M.D., (right) trained Joseph F. Rizzo, III, M.D., (center) in his specialty. Dr. Rizzo also works with Massachusetts General Hospital investigator Richard Masland, Ph.D., on research which could lead to successful transplants of the retina, the nerve-sensitive tissue which lines the back of the eye.

The Year in Review

Curtis Smith was named executive vice president in January 1990. Previously, a senior vice president at the New England Deaconess Hospital, Boston, and an administrator at Harper Grace Hospital, Detroit, Smith has worked in healthcare for more than 18 years. Peter Chinetti was named chief financial officer at the Infirmary in November. He had been controller of the Beth Israel Hospital in Boston since 1982. A graduate of Babson College, Chinetti is a certified public accountant and is active in numerous professional organizations.



After six years as president of the Infirmary Ephraim Friedman, M.D., resigned last December. He continues his research and patient care activities at the Infirmary. The chairman of the Infirmary's Board of Managers, August R. Meyer, also retired in December after over 40 years of volunteer service to the Infirmary. Treasurer J. Frank Gerrity and Board Member William F. Spang also retired from the Board of Managers. The three were honored in ceremonies in December for their years of service to the Infirmary. The new chairman is Thomas M. Reardon, and the new treasurer is Maynard Goldman. Other new Board members are Alexander Bernhard, Diane Kaneb, and Karen Chandor.



Frederick A. Jakobiec, M.D., was named chief of ophthalmology at the Infirmary and chairman of the Department of Ophthalmology at Harvard Medical School in January 1989. A renowned pathologist, surgeon, researcher, and educator, Jakobiec came to the Infirmary from Manhattan Eye and Ear Infirmary and Columbia University's College of Physicians and Surgeons. He succeeded Claes H. Dohlman, M.D., who retired after 15 years as chief and chairman.

Roger F. Steinert, M.D., was appointed director of the Infirmary's Cornea Consultants in 1989. An honors graduate of Harvard College and Harvard Medical School, Steinert has performed extensive laboratory and clinical research on corneal and refractive surgery and lasers. As director, he oversees all patient care and research activities relating to cornea and external disease.

1989 was a year of achievement for Infirmary Associate Chief of Ophthalmology George Edward Garcia, M.D., who in October became president of the American Academy of Ophthalmology. Some 15,000 ophthalmologists nationwide are members of the academy, one of the oldest medical societies in the country. Garcia was also honored with

an Alumni Award for Distinguished Service to the Profession from Boston University. Garcia graduated with honors from the Boston University School of Medicine in 1961.

Infirmary Chief of Otolaryngology Joseph B. Nadol, Jr., M.D., was honored for his research with an Award of Excellence from the National Institute on Deafness and Other Communicative Disorders. The prestigious award recognizes investigators with outstanding records of contribution in the field of the communication sciences, and who can be expected to be highly productive over the next seven years. The award includes almost $750,000 in research funds.



In late September, Chief Emeritus of ▸▸▸ Otolaryngology Harold F. Schuknecht, M.D., completed his last surgical case. Schuknecht has performed approximately 20,000 stapedectomy procedures in his professional career. A stapedectomy restores hearing by replacing a patient's diseased stapes bone in the middle ear with a tiny prosthetic device. Although now retired from patient care activities, Schuknecht continues his research into the causes of deafness.



Director of Social Work Frances Nason was recognized by her peers as the Social Work Director of the Year. The award came from the more than 150 members of the Massachusetts Society for Hospital Social ▾▾▾ Work Directors.

In 1989, a new pilot program was funded by the Ladies Visiting Committee to provide telephone interpreter services throughout the Infirmary. Now, via telephone, any employee who needs interpreter assistance with patients or visitors may call 24 hours a day and reach live interpreters for 120 languages. The program was developed by Ruth Doyle, volunteers, Carola Endicott, human resources, and Frances Nason, social work.

On October 27, scientists, audiologists, physicians, cochlear implant users, and deaf and hard of hearing individuals from across New England gathered at the Infirmary for a public forum to discuss cochlear implants. The forum was jointly sponsored by the Infirmary, the Massachusetts Commission for the Deaf and Hard of Hearing, and the Massachusetts Commission for the Blind.

The Infirmary has established a new Central Registra-

tion Area in the hospital lobby. This consolidated patient registration site ensures complete and accurate patient information, simplifies the process for patients with billing problems and for those applying for financial assistance or free care, and is expected to improve bill collection by as much as $500,000 annually.



In 1989, the Infirmary also negotiated new contracts with companies manufacturing intraocular lenses (IOLs.) The new contracts cut the cost of each IOL from around $300 to around $200. Last year, the Infirmary spent $1.6 million for IOLs. The new contracts were negotiated by a committee including Drs. Roger Steinert, B. Thomas Hutchinson, A. Robert Bellows, Robert Gorn, and Daniel Townsend, as well as Joseph Castellana, Anthony Garand, and Peter Sasso, and will save the Infirmary about $300,000 each year.



A group of Infirmary researchers published two landmark studies on soft contact lens wear in the September 21, 1989 issue of *The New England Journal of Medicine*. Researchers Oliver Schein, M.D., M.P.H., Johanna Seddon, M.D., Kenneth Kenyon, M.D., and Robert Glynn, Ph.D., conducted the studies along with Abt Associates Inc. of Cambridge, MA. One key finding of the studies was that people who use extended wear soft contact lenses overnight are 10 to 15 times more likely to develop ulcerative keratitis—a sight-threatening eye infection—than daily soft contact lens users who do not. Stories about the studies appeared in media outlets throughout the country after an Infirmary press briefing.

◂◂◂ An Infirmary employee suggestion program was implemented last year with great success. Suggestions for cutting costs, increasing revenue, and making the Infirmary better, safer, and friendlier are collected from suggestion boxes located throughout the hospital. A suggestion committee of Infirmary employees meets regularly to evaluate each idea. Although all suggestions are acknowledged and are implemented if they will benefit the hospital and are affordable and workable, employees who submit the three best suggestions of each month are awarded with cash prizes.

◂◂◂ Prominent philanthropist Eugene C. Lang (center) addressed over 100 Reynolds Society members and their guests at a black tie dinner at the Infirmary on October 18, 1989. Lang is best known as a self-made man who is helping to educate inner city children through his "I Have A Dream" Foundation. Shown with Lang are Infirmary trustees Karen Chandor and Maynard Goldman. The Reynolds Society is comprised of Infirmary benefactors who pledge $1,000 or more to the hospital each year.

Medical Staff

Department of Ophthalmology

Active Staff—1990

Chief of Ophthalmology
Frederick A. Jakobiec, M.D.

Associate Chiefs of Ophthalmology
Daniel M. Albert, M.D.
Donald J. D'Amico, M.D.
George E. Garcia, M.D.

Surgeons in Ophthalmology
Daniel M. Albert, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
S. Arthur Boruchoff, M.D.
Robert J. Brockhurst, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
David L. Epstein, M.D.
C. Stephen Foster, M.D.
H. MacKenzie Freeman, M.D.
Albert R. Frederick, Jr., M.D.
Stephen J. Fricker, M.D.
Ephraim Friedman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
George Olive M.D.
Deborah Pavan-Langston, M.D.
Ronald C. Pruett, M.D.
Charles D. J. Regan, M.D.
Perry Rosenthal, M.D.
Alfred W. Scott, M.D.
David H. Scott, M.D.
Richard J. Simmons, M.D.
Silvio R. von Pirquet, M.D.

Associate Surgeons in Ophthalmology
Lloyd M. Aiello, M.D.
Ann Bajart, M.D.
Frank Berson, M.D.
Don C. Bienfang, M.D.
Jack F. Bowers, M.D.
John M. Carroll, M.D.
Leo T. Chylack, Jr., M.D.
Donald J. D'Amico, M.D.
Richard L. Dallow, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
Arthur S. Grove, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
Tatsuo Hirose, M.D.
David S. Hutchison, M.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
James R. Lee, M.D.
Eeva-Liisa Martola, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
Bradford J. Shingleton, M.D.
Harvey H. Slansky, M.D.
Roger F. Steinert, M.D.
Felipe I. Tolentino, M.D.
Paul F. Vinger, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.
Donald R. Weis, M.D.

Assistant Surgeons in Ophthalmology
Mark B. Abelson, M.D.
Charles D. Belcher, III, M.D.
Gary E. Borodic, M.D.
Chester R. Boulris, M.D.
Sheldon Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Stephen Cobb, M.D.
Anthony J. Fraioli, M.D.
David Z. Greenseid, M.D.
Eric H. Johnson, M.D.
Jay H. Kaufman, M.D.
Brent W. Lambert, M.D.
Peter L. Lou, M.D.
Howard Marton, M.D.
Ernst Meyer, M.D.
David Miller, M.D.
Peter B. Mooney, M.D.
Edward B. Murphy, Jr., M.D.
David G. Perkins, M.D.
Carmen Puliafito, M.D.
Donald W. Putnoi, M.D.
Leon Remis, M.D.
Theodore J. Renna, M.D.
Thomas M. Richardson, M.D.
Claudia U. Richter, M.D.
James Rosenberg, M.D.
Delia N. Sang, M.D.
Kenneth A. Stampfer, M.D.
Daniel W. Tolpin, M.D.
David M. Tracy, M.D.
Clement Trempe, M.D.
Michael Wagoner, M.D.
John Weiter, M.D.

Assistants in Ophthalmology
Maida P. Antigua, M.D.
Claudia Arrigg, M.D.
Michael J. Bradbury, M.D.
Joseph Burke, M.D.
Romeo Chang, M.D.
John B. Constantine, M.D.
Stephen R. Depperman, M.D.
Kweku N. Ghartey, M.D.
Edward F. Goodman, M.D.
Philip J. Harris, M.D.
Barry H. Jacobs, M.D.
Alex Jalkh, M.D.
Judith Johnson, M.D.
Joseph H. Krug, Jr., M.D.
Robert T. Lacy, M.D.
Mark Latina, M.D.
Raymond R. Liggio, M.D.
John I. Loewenstein, M.D.
Richard M. Low, M.D.
Jane Lubin, M.D.
James T. Patten, M.D.
Michael Pinnolis, M.D.
Joseph Rizzo, M.D.
Edward A. Ryan, M.D.
Francis Sutula, M.D.
John V. Thomas, M.D.
Daniel Townsend, M.D.
George M. Violin, M.D.
Safa F. Wagdi, M.D.
Paul Wasson, M.D.
Susan Wong, M.D.
John Woog, M.D.
Stephen Youngwirth, M.D.

Senior Consulting Surgeon
Robert Lawlor, M.D.

Associate Staff

Assistants in Ophthalmology
R. Rand Allingham, M.D.
Frederick Armbruster, M.D.
Paul Arrigg, M.D.
Michael Cheng, M.D.
Maryanna Destro, M.D.
Mariana Dieste, M.D.
Miriam Dougherty, M.D.
Bishara Faris, M.D.
Richard Feit, M.D.
Edward Feldman, M.D.
George Ghareeb, M.D.
Jeffrey Gilbard, M.D.
Mary Gilbert, M.D.
Andrew Gillies, M.D.
Glenn Kimball, M.D.
Judy Lin, M.D.
Michael Loebl, M.D.
David Lotufo, M.D.
Nalini Madiwale, M.D.
Mary Jane McCarron, M.D.
Shelley McKee, M.D.
Shlomo Melamed, M.D.
Martin Nichler, M.D.
Pascale Peruse, M.D.
Richard Pesavento, M.D.
Michael Raizman, M.D.
Oliver Schein, M.D., M.P.H.
Sabera Shah, M.D.
Lois Smith, M.D.
Neal Snebold, M.D.
Jeffrey Taveras, M.D.
John Wright, M.D.
Gloria Wu, M.D.
Deborah Zuckerman, M.D.

Honorary Staff

Surgeon in Ophthalmology
Irving Pavlo, M.D.

Associate Surgeons in Ophthalmology
Robert Kinder, M.D.
Arthur Morrissey, M.D.

Assistant Surgeons in Ophthalmology
Alexander Gaudio, M.D.
Robert Kinder, M.D.
Arthur Morrissey, M.D.

Assistant in Ophthalmology
David A. Hill, M.D.

Consulting Staff—1989

Consulting Chief in Ophthalmology
Henry F. Allen, M.D.

Senior Consulting Surgeons in Ophthalmology
D. Robert Alpert, M.D.
Harry E. Braconier, M.D.
David C. Donaldson, M.D.
Mahlon T. Easton, M.D.
Carl C. Johnson, M.D.
Brendan D. Leahey, M.D.
Sumner D. Liebman, M.D.
Henry A. Mosher, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Garrett L. Sullivan, M.D.
Francis J. West, M.D.

Associate Consulting Surgeon
Richard M. Robb, M. D.

Assistant in Ophthalmology
Robin Cook, M.D.

Emeritus Staff

Chief Emeritus
David G. Cogan, M.D.

Surgeon in Ophthalmology
W. Morton Grant, M.D.

Associate Surgeons in Ophthalmology
Carl G. Freese, M.D.
John M. Hill, M.D.
Baruch J. Sachs, M.D.

Assistant Surgeon in Ophthalmology
Bertha Offenbach, M.D.

Senior Consulting Surgeons in Ophthalmology
Thomas P. Cronin, M.D.
Warren D. Haley, M.D.
Ichiro D. Okamura, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.

Residents in Ophthalmology

Dimitri Azar, M.D.
Thomas Chu, M.D.
Paul Cotran, M.D.
Robert D'Amato, M.D.
Eleanore Ebert, M.D.
Donald Fong, M.D.
Mark Hughes, M.D.
David Hunter, M.D.
Deborah Jacobs, M.D.
Jeffrey Lamkin, M.D.
Leonard Levin, M.D.
William McMullen, M.D.
Monte Mills, M.D.
Peter Netland, M.D.
John Niffenegger, M.D.
Joan O'Brien, M.D.
Annabelle Okada, M.D.
Susanna Park, M.D.
Gary Rankin, M.D.
Chittaranjan Reddy, M.D.
Elias Reichel, M.D.
Nicholas Volpe, M.D.
Scott Whitcup, M.D.
Janey Wiggs, M.D.

Clinical Fellows in Ophthalmology

Anthony Adamis, M.D.
Mark Balles, M.D.
Gregg Berdy, M.D.
Richard Casey, M.D.
Cathy Colt, M.D.
Evan Dreyer, M.D.
Leonard Ginsberg, M.D.
Ramzi Hemady, M.D.
Jorge Hernandez, M.D.
Lisa Kelly, M.D.
Ernest Kornmehl, M.D.
Mark Kuperwaser, M.D.
Wayne Larrison, M.D.
Marc Levin, M.D.
William McLaughlin, O.D.
Joan Miller, M.D.
Shizuo Mukai, M.D.
Dale Oates, M.D.
Marc Odrich, M.D.
Tuyet Mai Phan, M.D.
Rand Rogers, M.D.
Steven Rose, M.D.
Peter Rubin, M.D.
Reginald Sanders, M.D.
Joseph Sassanni, M.D.
Joel Schuman, M.D.
Douglas Scott, M.D.
Christopher Seery, M.D.
Sarkis Soukiasian, M.D.
Tomy Stark, M.D.
Richard Tamesis, M.D.
David Tingey, M.D.
Francois Trotta, M.D.
Pamela Weber, M.D.
David Weinberg, M.D.
Nancy Weiner, M.D.
Richard Weinhaus, M.D.
Howard Weiss, M.D.
Christopher Westfall, M.D.
Lucy Young, M.D.
Asher Weiner, M.D.

Services

Center for Clinical Cataract Research
Leo T. Chylack, Jr., M.D., *Director*

Cornea Consultants
Roger F. Steinert, M.D., *Director*

Diabetic Retinopathy Unit
Donald D'Amico, M.D., *Director*

Electroretinography Service
Eliot L. Berson, M.D., *Director*

Eye Emergency Service
Bradford J. Shingleton, M.D., *Director*

Epidemiology Unit
Johanna Seddon, M.D., *Director*

General Eye Service
George E. Garcia, M.D., *Director*

Glaucoma Consultation Service
David L. Epstein, M.D., *Director*

Immunology-Uveitis Unit
C. Stephen Foster, M.D., *Director*

Morse Laser Unit
Carmen Puliafito, M.D., *Director*

Neuro-Ophthalmology Service
Simmons Lessell, M.D., *Director*

Ocular Virology Laboratory
Deborah P. Langston, M.D., *Director*

Ophthalmic Pathology
Daniel M. Albert, M.D., *Director*

Pediatric Ophthalmology Service
Stephen J. Fricker, M.D., *Acting Director*

Retina Service
Evangelos S. Gragoudas, M.D., *Director*

Vision Rehabilitation Service
Joel Kraut, M.D., *Director*

Berman-Gund Laboratory for the Study of Retinal Degenerations

Eliot L. Berson, M.D., *Director*

Peggy Rodriguez, *Manager of Administration*

Investigators
Cynthia A. Heth, Ph.D.
Dorothy J. Roof, Ph.D.
Michael A. Sandberg, Ph.D.
Susan Y. Schmidt, Ph.D.

Howe Laboratory of Ophthalmology

Elio Raviolo, M.D., Ph.D., *Director*
Daniel M. Albert, M.D.
R. Rand Allingham, M.D.
Usha Andley, Ph.D.
P. John Anderson, M.D.
Hong-Ming Cheng, Ph.D.
Leo T. Chylack, Jr., M.D.
Edmund Crean, Ph.D.
Donald J. D'Amico, M.D.
Annelies deKater, Ph.D.
Thaddeus P. Dryja, M.D.
David L. Epstein, M.D.
Kristine Erickson-Lamy, Ph.D.
C. Stephen Foster, M.D.
W. Morton Grant, M.D.
Judith Jedziniak-McGregor, Ph.D.
Mark Johnson, Ph.D.
Patricia Khu, Ph.D.
Nancy Kolodny, Ph.D.
Joseph H. Krug, Jr., M.D.
Jack Liang, Ph.D.
Thomas Richardson, M.D.
Joseph E. Rizzo, III, M.D.
Stanley Schein, M.D., Ph.D.
John Wolfe, Ph.D.
Jing Xiong, M.D.
David Yandell, D.Sc.

Morse Laser Center

Carmen Puliafito, M.D., *Director*
Charles Lin, Ph.D.
William Gregory, Ph.D.

Epidemiology

Johanna M. Seddon, M.D. *Director*
Robert Glynn, Ph.D., Sc.D.

Research Fellows in Ophthalmology

Roberto Diaz-Rohena, M.D.
Hamdy El-Koumy, M.D.
Martin Filipec, M.D.
John Jacobson, M.D.
Soon Jin Lee, Ph.D.
Xiao-Yan Li, M.D.
Lu-Lan Liang, Ph.D.
Jordi Mones, M.D.
Ron Neumann, M.D.
Nita Padhye, M.D.
Toshiyuki Sakai, M.D.
William Stinson, M.D.
Junya Toguchida, M.D.
Manfred Zierhut, M.D.

Department of Otolaryngology

Active Staff

Chief of Otolaryngology
Joseph B. Nadol, Jr., M.D.

Surgeons in Otolaryngology
Yale J. Berry, M.D.
A. Greer Edwards, M.D.
Richard L. Fabian, M.D.
William L. Hayden, M.D.
C. Edward Jackson, M.D.
Edward E. Jacobs, M.D.
Roy A. Johnson, M.D.
Donald G. Keamy, M.D.
Thomas R. Klein, M.D.
John M. Kurkjian, M.D.
Robert H. Lofgren, M.D.
William W. Montgomery, M.D.

Joseph Moretti, M.D.
Thomas J. Mulvaney, M.D.
Joseph B. Nadol, Jr., M.D.
Angelo J. Pappanikou, M.D.

Associate Surgeons in Otolaryngology
Barry J. Benjamin, M.D.
Robert P. Cipro, M.D.
Roland D. Eavey, M.D.
Marvin Fried, M.D.
Edward J. Glinski, M.D.
David E. Nash, M.D.
Stephen Parker, M.D.
David Pierce, M.D.
Steven Rauch, M.D.
Edward Reardon, M.D.
Salah D. Salman, M.D.
Howard A. Smith, M.D.
Alfred D. Weiss, M.D.

Assistant Surgeons in Otolaryngology
Peter S. Ambrus, M.D.
Jose Angeles, M.D.
Robert H. Freedman, M.D.
Peter Friedensohn, M.D.
Richard Hillel, M.D.
James P. Hughes, M.D.
Terry J. Garfinkle, M.D.
Parvis Janfaza, M.D.
Michael P. Joseph, M.D.
Ely A. Kirschner, M.D.
Robert Kiskaddon, M.D.
Charles J. Leidner, M.D.
Ralph B. Metson, M.D.
H. Gregory Ota, M.D.
Joseph H. Oyer, M.D.
David M. Vernick, M.D.

Assistants in Otolaryngology
Fred G. Arrigg, Jr., M.D.
Bjorn Bie, M.D.
Mack Cheney, M.D.
Michael Cunningham, M.D.
Howard M. Ecker, M.D.
Tanya R. Hodge, M.D.
Franklin Holzer, M.D.
Ralph A. Iannuzzi, M.D.
George Kazda, M.D.
Cheong Kim, M.D.
Robert Levine, M.D.
(Neuro-Otology)
James W. Lucarini, M.D.
Michael Makaretz, M.D.
Michael J. McKenna, M.D.
Richard Moss, M.D.
Jo Shapiro, M.D.
Eduardo Troya, M.D.

Pathologist
Max L. Goodman, M.D.

Associate Pathologist
Ben Z. Pilch, M.D.

Associate Staff

Surgeon in Otolaryngology
Alfred L. Hurst, M.D.

Associate Surgeons in Otolaryngology
Werner D. Chasin, M.D.
Bruce R. Gordon, M.D.
Gerald B. Healy, M.D.
Clarence E. Kylander, M.D.
William G. Lavelle, M.D.
Marshall S. Strome, M.D.

Assistant Surgeons in Otolaryngology
Stuart H. Bentkover, M.D.
Trevor McGill, M.D.
Charles M. Norris, M.D.
Stephen A. Smith, M.D.
John N. Vandemoer, M.D.

Assistants in Otolaryngology
Judson R. Belmont, M.D.
Thomas Chasse, M.D.
Edward Donovan, M.D.
Gregory Fleming, M.D.
Randy Oppenheimer, M.D.

Consultant in Prosthodontia
Peter E. Goldberg, D.M.D.

Consultants in Neurosurgery
Robert Martuza, M.D.
Robert Ojemann, M.D.
Charles Poletti, M.D.
Nicholas Zervas, M.D.

Honorary Staff

Surgeons in Otolaryngology
Robert E. Klotz, M.D.

Senior Consulting Surgeon in Otolaryngology
John Richardson, M.D.

Consulting Staff

Senior Consulting Surgeon in Otolaryngology
John E. McKeigue, M.D.

Senior Consulting Associate Surgeon in Otolaryngology
John Trakas, M.D.

Emeritus Staff

Emeritus Chief of Otolaryngology
Harold F. Schuknecht, M.D.

Senior Consulting Surgeons in Otolaryngology
J. Charles Drooker, M.D.
John Frazee, M.D.
Edgar Holmes, M.D.
Daniel Miller, M.D.

Surgeons in Otolaryngology
Charles Kent, M.D.
Aram Roopenian, M.D.
Richard C. Webster, M.D.

Residents in Otolaryngology

Samir M. Bhatt, M.D.
David M. Bowling, M.D.
Randall A. Clary, M.D.
J. Grant Davis, M.D.
Pamela Diamond, M.D.
Mark Gacek, M.D.
Richard Gliklich, M.D.
Jeffrey G. Hoffman, M.D.
Arthur Lauretano, M.D.
Saumil Merchant, M.D.
Roger Nuss, M.D.
Gregory Randolph, M.D.
Michael J. Samson, M.D.
Eric Stein, M.D.
Jeffrey Terrell, M.D.

Clinical Fellow in Otolaryngology

Nicolas BuSaba, M.D.

Services

Alaryngeal Speech
Eve Herbert, R.N., *Instructor*

Audiological Services
Aaron Thornton, Ph.D., *Director*

Endoscopy Service
William W. Montgomery, M.D., *Director*

ENT Emergency and Ambulatory Services
Thomas J. Mulvaney, M.D., *Director*

Facial Plastic and Reconstructive Surgery Service
Mack Cheney, M.D., *Director*

Facial Nerve Disorders Center
Michael J. McKenna, M.D., *Director*

General ENT Service
Salah Salman, M.D., *Director*

Head and Neck Surgical Oncology Service
Richard L. Fabian, M.D., *Director*

Jenks Vestibular Diagnostic Laboratory
Conrad Wall, III, Ph.D., *Director*

Medical Student Education
Steven D. Rauch, M.D., *Director*

Neuro-Otology and Neurology
Stephen W. Parker, M.D.
Alfred D. Weiss, M.D.

Otolaryngologic Allergy and Immunology Service
Richard Moscicki, M.D., *Director*

Otolaryngologic Pathology Service
Max L. Goodman, M.D., *Director*

Otology Service
Joseph B. Nadol, Jr., M.D., *Director*

Pediatric Otolaryngology Service
Roland D. Eavey, M.D., *Director*

Resident Training
Joseph B. Nadol, Jr., M.D., *Director*

Torticollis Service
Michael P. Joseph, M.D., *Director*

Department of Otolaryngology Research

Auditory Prosthesis Research Laboratory
Robert Hall, Ph.D., *Director*

Cochlear Implant Research Laboratory
Donald K. Eddington, Ph.D., *Director*

Eaton-Peabody Laboratory of Auditory Physiology
Nelson Y.S. Kiang, Ph.D., *Director*

Thane E. Benson, Ph.D.
M. Christian Brown, Ph.D.
Robert M. Brown
Steven Colburn, Ph.D.
Bertrand Delgutte, Ph.D.
Dennis Freeman, M.D.

Lawrence S. Frishkopf, Ph.D.
Barbara C. Fullerton, Ph.D.
Jill C. Gardner, Ph.D.
John J. Guinan, Jr., Ph.D.
Darlene Ketten, Ph.D.
James B. Kobler, Ph.D.
Robert A. Levine, M.D.
M. Charles Liberman, Ph.D.
Edmund A. Mroz, Jr., Ph.D.
William T. Peake, Sc.D.
William M. Rabinowitz, Ph.D.
John J. Rosowski, Ph.D.
William F. Sewell, Ph.D.
F. Ishmail Stefanov-Wagner
David A. Steffens
Thomas F. Weiss, Ph.D.

Electron Microscopy Laboratory
Robert S. Kimura, Ph.D., *Director*

Histopathology Laboratory
Harold F. Schuknecht, M.D., *Director*

Research Fellows in Otolaryngology
Subimal Datta, Ph.D.
Makato Hara, M.D.
Wen-Chong Hsu, M.D.
Nobuo Kubo, M.D.
Kwang Sun Lee, M.D.
Jay Rubinstein, M.D., Ph.D.
Jose San Martin, M.D.
Eugene Tudor, M.D.
Matthew Vischer, M.D.

Department of Radiology

Active Staff

Chief of Radiology
Alfred L. Weber, M.D.

Radiologists
K. Jack Momose, M.D.
Daniel Z. Silverstone, M.D.

Consulting Staff

Assistant Radiologist
John Pile-Spellman, M.D.

Clinical Associate in Radiology
Jeanne Keller, M.D.

Consultants in Radiotherapy
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

Emeritus Staff

Consultant in Radiotherapy
Milford D. Schultz, M.D.

Department of Anesthesiology

Active Staff

Acting Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologist
Jin W. Kim, M.D.

Associate Anesthesiologists
Malcolm J. Heslop, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Fayette C. Root, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Martin A. Acquadro, M.D.
Lynne Ferrari, M.D.
Brendan P. Garry, M.D.
Tuan X. Nghiem, M.D.

Associate Staff

Assistant in Anesthesiology (part-time)
Ismail S. Sensel, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Philip Amrein, M.D.
Ann Baker, M.D.
Karen Carlson, M.D.
Christopher Coley, M.D.
Gary Curhan, M.D.
Gerald Doyle, M.D.
Carol Ehrlich, M.D.
Joel Finkelstein, M.D.
Mark Hibberd, M.D.
Pat Hibberd, M.D.
Joseph Jacobson, M.D.
Ruth Liberfarb, M.D.
Richard Moscicki, M.D.
Britain Nicholson, M.D.
Ann Taylor, M.D.
Bruce Walker, M.D.
Johnson Wong, M.D.

Trustees

As of December 6, 1989

1948 August R. Meyer
1951 Melville Chapin
1955 Weston Howland, Jr.
1957 William L. Saltonstall
1965 George M. Lovejoy, Jr.
1965 Mrs. John Lowell, *Honorary*
1966 Francis S. Hill, *Honorary*
1966 James I. Summers
1967 John M. Lord, *Emeritus*
1967 William F. Spang
1967 Monte J. Wallace
1969 Richard W. Young, Ph.D.
1970 Ephron Catlin, Jr.
1970 Mrs. Frederick R. H. Witherby
1971 Avram J. Goldberg
1971 Robert C. Jordan, *Honorary*
1971 Mrs. Robert C. Meisel
1971 Robert D. Williams
1972 Matthew J. Burns
1972 Leo H. Daley
1972 Mrs. William P. Ellison
1972 Richard Harte, Jr.
1973 Dominic P. DiMaggio
1973 J. Frank Gerrity
1973 Robert T. P. Storer, Jr.
1973 Frederick G. P. Thorne
1974 Bruce A. Beal
1975 William G. Salatich
1976 Walter A. Rosenblith, Ing. Rad.
1977 Sandra Carnegie Steele
1977 Alice W. Yancey
1979 William H. Claflin, IV
1979 Mrs. Ernest J. Sargeant
1979 Ann Sargent
1980 Thomas M. Reardon
1980 Eli Shapiro, Ph.D.
1980 Endicott Smith
1981 Joseph Auerbach
1981 Peter A. Brooke
1981 Maynard Goldman
1981 John C. Kane, Jr.
1982 Christian G. Halby
1982 Jonathan M. Keyes
1982 W. Ward Willett
1983 Leo L. Beranek, D.Sc.
1983 Ephraim Friedman, M.D.
1983 Joseph M. Linsey
1983 John F. Palmer
1983 Manuel Rosenberg
1983 Wayne D. Thornbrough
1983 Charles T. Wood
1984 Sheldon A. Buckler, Ph.D.
1984 David G. Cogan, M.D.
1984 Paul A. Guzzi
1984 Richard A. MacKinnon
1984 George J. Rabstejnek
1985 Henry F. Allen, M.D.
1985 Karen K. Chandor
1985 John Dowling, Ph.D.
1985 Ira M. Millstein
1985 Daniel Rothenberg
1985 Harold F. Schuknecht, M.D.
1985 Mrs. Taylor R. Smith
1986 George Berkowitz
1986 Alexander A. Bernhard
1986 Thomas M. Claflin, II
1986 James S. Cook
1986 W. Morton Grant, M.D.
1986 Diane E. Kaneb
1986 Brendan D. Leahey, M.D.
1986 Peter S. Lynch
1986 Anne E. Rosenfeld
1986 Malcolm L. Sherman
1986 Matina S. Horner, Ph.D.
1986 John J. Lynch
1986 Lt. Gen. Robert L. Nichols, USMC (Ret.)
1987 Ann G. Hill
1987 Susan Morse Hilles
1987 Winthrop G. Minot
1987 William C. Shepherd
1987 Jack H. Vernon
1987 Mrs. Arthur O. Wellman
1987 Ben Wunsch
1988 Harold Alfond
1988 Richard W. Blackburn
1988 William H. Darling
1988 Raymond E. Desautels
1988 John O'Sullivan Francis
1988 William Glazer
1988 Professor Mary Ann Glendon
1988 George J. Guilbault
1988 Charles F. Kiefer, III
1988 Winthrop Knowlton
1988 Timothy J. Lord
1988 Raymond F. Murphy, Jr.
1988 Neil St. John Raymond
1988 William E. Roman
1988 Kenneth R. Rossano
1988 Ralph F. Verni
1989 Alan J. Dalby
1989 Kenneth Gropper
1989 Michael P. Last
1989 William G. Lavelle, M.D.
1989 Ruth Z. Nadol
1989 J. Louis Newell, Jr.
1989 David W. Young

Year indicates date of election to Board

Board of Managers

Thomas M. Reardon, *Chairman*
Maynard Goldman, *Treasurer*
Robert T. P. Storer, Jr., *Secretary*

Alexander Bernhard
Sheldon Buckler, Ph.D.
Karen Chandor
Melville Chapin
John O'Sullivan Francis
John Kane, Jr.
Diane Kaneb
Richard MacKinnon
Mrs. Ernest J. Sargeant
Cathleen Douglas Stone
Robert Williams, Esq.

Executive Committee

Thomas M. Reardon, *Chairman*
Maynard Goldman
John Kane, Jr.
Richard MacKinnon
Curtis Smith
Robert T. P. Storer, Jr.

Administration

Executive Vice President
Curtis Smith

Vice President for Finance
Peter Chinetti

Vice President for Human Resources
Martha R. A. Fields

Vice President for Nursing
Carol A. Covell, R.N., M.S.

Vice President for Development and Public Affairs
Joseph C. Goodman

Vice President for Support Services
A. Joseph Castellana

General Counsel
Barbara F. Katz

Administrative Director for Ophthalmology
Javier Balloffet

Administrative Officer for Otolaryngology
Jean MacQuiddy

Admitting and Outpatient Admitting
Ilene Knopping, *Director*

Audiology
Aaron Thornton, Ph.D., *Director*

Audio Visual Services
Richard Fleischer, *Director*

Budget and Reimbursement
Patricia Anderson, *Director*

Clinical and Plant Engineering
Richard Congdon, P.E.C.C.E., *Director*

Clinical Laboratories
Eleanor Bushman, *Director*

Communications
Robert Tuohey, *Director*

Data Processing
Roy Lightfoot, *Director*

Dietary Services
Herbert I. Kirshnit, *Director*

Environmental Services
Kevin Lee, *Director*

Eye Pathology Laboratory
Eleanor Coughlin-Wilkinson, *Chief Technologist*

Facilities Planning
Vincent Pafumi, *Construction Manager*

Fiscal Services
Gail Schlesinger, *Director/Controller*

Howe Library
Judith C. Nims, *Librarian*

Human Resources
Jeanne Benoit, *Director*

Infection Control
Sue Corbett, R.N.

Internal Audit
Phillip Johnson, *Director*

Massachusetts Eye and Ear Associates
Judith Grant, *Ophthalmology Business Manager*

Mary Ellen Doyle, *Otolaryngology Business Manager*

Medical Records
Deborah Day-Oliver, *Director*

Nursing Services
Ruth Walton, R.N., *Director*

Patient Accounts
Marsha Raim, *Director*

Pharmacy
Laura Raymond, RPH, *Director*

Public Affairs
Regina S. Kilfoyle, *Director*

Purchasing
Douglas Simonton, *Director*

Radiology
George Carrozza, *Technical Director*

Rehabilitation Center
C. Patricia McCabe, *Director*

Research Administration
Joseph Flaherty, *Director*

Safety, Security, and Parking
John McGillivray, *Director*

Scheduling
Kathleen Provenzano, *Manager*

Social Services
Frances Nason, *Director*

Surgical Services
Cyndye Trifilo, R.N., *Director*

Volunteer Services
Ruth Doyle, *Manager*

Ladies Visiting Committee

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Mrs. Henry F. Allen
Mrs. Donald Alpaugh
Mrs. D. Robert Alpert
Mrs. Joseph Auerbach
Mrs. Barry Benjamin
Mrs. Yale Berry
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Hearx Ltd.
Henry Hornblower Fund, Inc.
Howard Johnson Foundation
Evander Lewis Foundation
Mayburg Charitable Fund
Robert Treat Paine Association
Amelia Peabody Charitable Fund
Amelia Peabody Foundation
G. Gorham Peters Testamentary Trust
Andrew W. Preston Charity Fund
Professional Management Service
Schrafft Charitable Trust
Richard and Susan Smith Foundation
Stop and Shop Foundation
The Stradivarius Fund
Wang Laboratories, Inc.
Leo Wasserman Foundation
The Weld Foundation
E. Matilda Ziegler Foundation

Matching Gifts

Atlantic Richfield Foundation
Digital Equipment Corporation
The Equitable Foundation
Fiduciary Trust Company
The Field Corporation Fund
General Cinema Corporation
The Gillette Company
Hale and Dorr
IBM
John Hancock Mutual Life Insurance Company
Lotus Development Corporation
May Department Stores Foundation
Mobil Foundation, Inc.
New England Business Service, Inc.
Polaroid Foundation
PPG Industries Foundation
Schering-Plough Foundation
Textron, Inc.

Memorial and Special Occasion Gifts

A.B.B. Energy Services, Inc.
Aronson Foundation, Inc.
Barr & Barr, Inc.
Bernard Williams & Co.
Brown Brothers Harriman & Co.
A. W. Chesterton Company
Copeland Street Auto Body Co., Inc.
Digital Equipment Corporation
Forman, Itzkowitz & Berenson, P.C.
Microtek Medical, Inc.
Parisi & Greenfield, P.A.
Shawmut Bank, N.A.
Town Engineering Company

Organizations

Honor Roll

Boston Cured Cancer Club for Laryngectomees
Brandeis University
Combined Jewish Philanthropies
Jewish Communal Fund of New York
Knights of Columbus, Father Joseph Boehr Council #4753, Tiverton, Rhode Island
Ladies Visiting Committee of the Massachusetts Eye and Ear Infirmary
Lions Club of Shrewsbury
Massachusetts Eye and Ear Infirmary Associates, Inc./ Otolaryngology
Massachusetts Eye and Ear Infirmary Department of Otolaryngology
Massachusetts Eye and Ear Infirmary Otolaryngological Service Fund
Massachusetts Lions Eye Research Fund, Inc.
New England Ophthalmological Society
North Andover Lions Club
Reliance Rebekah Lodge 127 I.O.O.F., North Quincy, Massachusetts
United Way of S.E. New England, Inc.
Veterans of Foreign War Auxiliary, Fitzwilliam, New Hampshire
Watertown Women's Club

Memorial and Special Occasion Gifts

The Atlas Sunshine Club, Springfield, New Jersey
Carvell Chapter for the Blind, Andover, Massachusetts
Dedham Women's Club
Goshen Fire Department, Ladies Auxiliary
National Association of Letter Carriers, Branch #12, Worcester, Massachusetts
Order of the Eastern Star, Hamilton, Ohio
Parkdale High School, Riverdale, Maryland
St. Andrew's Society of Savannah, Georgia
Tewksbury Golden Age Club
United Labor Agency of Bergen County, Inc., Hackensack, New Jersey

Bequests

The Infirmary gratefully acknowledges the thoughtfulness of those individuals who supported the hospital through a bequest.

Maud E. Appleton Trust
Estate of Elisha V. Ashton
James E. Batchelder Trust
Estate of Mary R. Bloomberg
Estate of Elizabeth G. Breen
Robert B. Brigham Trust
Estate of Kenneth R. Buck
Estate of Thomas E. Chandler
Marion Chesley Trust
Estate of Clarke P. Dalzell
William P. Ellison Charitable Remainder Trust
Estate of Henry Y. Ewart
Edward G. Kennedy Trust
Leonora H. Knowles, Trust B
Ida Ballou Littlefield Trust
Estate of Mary E. Newbury
Estate of Gertrude Olds
Estate of Lawrence D. Simeone
Estate of Grace Hall Thacher

Financial Statements

FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, INC.

RESTRICTED FUNDS BALANCE SHEET • SEPTEMBER 30, 1989

ASSETS

Specific Purpose Funds:	
Cash and Equivalents	$ 683,612
Note Receivable—General Fund	$ 1,500,000
Grants and Contracts Receivable	$ 218,991
Investments at cost	
(Quoted Market Value: $4,133,109)	$ 4,049,968
Due from other funds	$ 2,285,538
TOTAL	**$ 8,738,109**
Building Fund:	
Cash and Equivalents	$ 384,131
TOTAL	**$ 384,131**
Endowment Funds:	
Investments at cost	
(Quoted Market Value: $23,981,465)	$22,434,607
Notes Receivable	$ 5,600,000
Due from other funds	$ 6,105
TOTAL	**$28,040,712**

LIABILITIES AND FUND BALANCES

Specific Purpose Funds:	
Due to other funds	$ 36,950
Fund Balances	$ 8,701,159
TOTAL	**$ 8,738,109**
Building Fund:	
Fund Balance	$ 384,131
TOTAL	**$ 384,131**
Endowment Funds:	
Equity in undistributed security pool gains	$ 4,580,203
Fund Balances:	
Income Restricted	$ 6,518,507
Income Unrestricted	$14,910,693
Quasi-endowments	$ 2,031,309
TOTAL	**$28,040,712**
The balance sheet for unrestricted and restricted funds include the following:	
Income from Investments	$ 931,549
Gifts and Bequests	$ 2,876,258

FOUNDATION OF THE MASSACHUSETTS EYE AND EAR INFIRMARY, INC.

UNRESTRICTED FUNDS BALANCE SHEET • SEPTEMBER 30, 1989

CURRENT ASSETS			
	Cash		$ 1,023,697
	Accounts Receivable	$18,728,366	
	Less Allowance for Doubtful Accounts	$ 3,055,000	
			$15,673,366
	Inventories		$ 704,400
	Prepaid Expenses		$ 3,195,794
	Miscellaneous Accounts Receivable		$ 652,676
	Due from specific purpose funds		$ 36,235
	TOTAL CURRENT ASSETS		**$21,286,168**
OTHER ASSETS			
	Board Designated Assets		$ 3,921,991
	Organizational Costs (Net of Amortization)		$ 137,956
	Property, Plant and Equipment	$ 94,591,253	
	Less Accumulated Depreciation	$37,659,877	
			$56,931,376
	Construction in Progress		$ 2,307,093
	TOTAL OTHER ASSETS		**$63,298,416**
	TOTAL ASSETS		**$84,584,584**
CURRENT LIABILITIES			
	Current Installment of Long-Term Debt		$ 3,751,189
	Notes Payable		$ 1,738,009
	Accounts Payable		$ 4,284,276
	Accrued Expenses		$ 2,596,983
	Due to Other Funds		$ 2,290,928
	Due to Third Parties		$11,183,379
	TOTAL CURRENT LIABILITIES		**$25,844,764**
OTHER LIABILITIES AND FUND BALANCE			
	Rental Deposits		$ 12,097
	Long-term Debt, less Current Portion		$25,737,196
	Note Payable to Other Funds		$ 7,100,000
	Professional Liability Reserve		$ 2,387,000
	Fund Balance		$23,503,527
	TOTAL OTHER LIABILITIES AND FUND BALANCE		**$58,739,820**
	TOTAL LIABILITIES AND FUND BALANCE		**$84,584,584**

MASSACHUSETTS EYE AND EAR INFIRMARY

STATEMENT OF REVENUES AND EXPENSES • SEPTEMBER 30, 1989

PATIENT SERVICE REVENUE		$59,979,748
Adjustment to patient revenue for uncollectable accounts, free care and contractual allowances		$13,242,461
NET PATIENT SERVICE REVENUE		**$46,737,287**
OTHER OPERATING REVENUE		
(Including $12,643,125 from research and other specific purpose funds)		$23,158,958
TOTAL OPERATING REVENUE		**$69,896,245**
OPERATING EXPENSES		
Patient Service (including depreciation)	$63,172,760	
Research and other specific purpose	$12,643,125	
TOTAL OPERATING EXPENSES		**$75,815,885**
Loss from Operations		($ 5,919,640)
Non-operating Revenues (net of expenses)		$ 3,138,060
EXCESS OF EXPENSES OVER REVENUES		**($ 2,781,580)**

Comparative Statistics

Massachusetts Eye and Ear Infirmary

Fiscal 1988–1989		1988	1989
Inpatient Hospital 113 Beds	Admissions:		
	Eye Patients	4,952	4,891
	ENT Patients	3,897	3,978
	Total Admissions	**8,849**	**8,869**
	Operations:		
	Eye Staff	4,673	4,651
	ENT Staff	3,324	3,399
	Total Operations	**7,997**	**8,050**
	Discharges	8,859	8,906
	Patient Days	27,676	25,906
	Average Patient Census	76	71
	Average Length of Stay	3.13	2.92
	Bed Utilization	67%	63%
Outpatient Department	Eye Clinic Visits (1)	56,393	52,873
	ENT Clinic Visits (2)	26,643	26,548
	Total Outpatient Visits	**83,036**	**79,421**
Emergency Ward	**Total**	**37,243**	**34,473**
Ambulatory Surgery	Eye Cases (3)	10,297	10,702
	ENT Cases (3)	2,910	3,674
	Total	**13,207**	**14,376**
Special Services	Audiology	9,903	10,127
	Pattern Evoked Response	2,246	2,214
	Hearing Aid	2,817	2,670
	Electroretinography (tests)	718	1,281
	Fluorescein	5,016	5,106
	Low Vision	653	1,197
	Neuro-Ophthalmology	1,932	2,150
	Occupational Therapy	379	882
	Vestibular Laboratory	1,777	2,902
	Ultrasonography	1,626	1,704
	Radiology (exams)	14,830	15,498
	CT Scan	5,044	5,439
	Laboratories:		
	Eye Pathology (specimens)	8,499	8,761
	ENT Pathology (specimens)	4,507	1,463
	Clinical Laboratory (procedures)	91,029	106,319
	Bacteriology (cultures)	10,124	9,910
	Frozen Section	0	668
	(1) General Eye Service	20,636	20,213
	Glaucoma	9,726	9,203
	Cornea Service	10,443	9,014
	Retina Service (including Immunology)	8,867	7,989
	Ocular Motility Service	2,505	2,676
	Contact Lens Service	1,940	2,237
	Eye Pediatric	2,040	605
	Eye Plastic	236	936
	Total	**56,393**	**52,873**
	(2) General ENT	12,045	8,954
	Head and Neck	597	587
	Otology	1,364	1,069
	ENT Pediatric	1,192	1,208
	ENT Plastic	514	464
	ENTSA	9,598	13,072
	Allergy	1,333	1,194
	Total	**26,643**	**26,548**
		EYE	**ENT**
	(3) Ambulatory Surgery	6,174	1,531
	O.R. 1-18	4,061	892
	O.R. 20	467	1,251
	Total	**10,702**	**3,674**

1989 Annual Report

Thomas M. Reardon
Chairman of the Board of Managers

Joseph C. Goodman
Vice President for Development and Public Affairs

Regina S. Kilfoyle
Milica Kokotovic
Lisa Carlson
William J. Schaller
Editorial Staff

Lapham/Miller Associates
Design

John Earle *(pages 5 and 9)*
Eric Roth *(pages 1 and 13)*
Photography

Massachusetts Eye and Ear Infirmary 1990

Information for Bequests

Over the years many people have supported the Infirmary with gifts through a bequest. Such gifts have been the single greatest source of support for advancements in research and patient care.

In most cases, the following language can be adopted to provide a gift in your will:

"I give ($ _____ , or _____ %, or all of the remainder of my estate) to the Foundation of the Massachusetts Eye and Ear Infirmary, Inc., to be used for such of its purposes as may be directed by the Foundation's Board of Directors."

At your request, the Office of Development will provide information about the tax implications of a gift through your will, as well as help with any other questions you might have about specific uses for your gift. Please contact the Development Office at (617) 573-3345. All inquiries will be handled on a confidential basis.

Financial statement available by request.
Please call (617) 573-3340.

Massachusetts
Eye and Ear
Infirmary

243 Charles Street
Boston, Massachusetts 02114
617-523-7900
617-523-5498 (T.T.Y.)

Massachusetts Eye and Ear Infirmary



Annual Report 1990

The Massachusetts Eye and Ear Infirmary is a Massachusetts not-for-profit corporation. Its sole member is the Foundation of the Massachusetts Eye and Ear Infirmary, Inc., a Massachusetts not-for-profit corporation organized exclusively for the benefit of and to carry out the purposes of the Infirmary. The Foundation is also the sole member of the Massachusetts Eye and Ear Associates, Inc., a Massachusetts not-for-profit corporation organized to provide medical and health care to the patients of the Infirmary, as well as to participate in research, teaching, and related activities. The Massachusetts Eye and Ear Infirmary is an equal opportunity employer.

Cover: The Infirmary's pediatric team provides a family-centered approach to patient care. Most recently, the Infirmary established the "Parent in O.R." program, where parents of pediatric patients may accompany their children into the operating rooms.



As more and more eye and ear, nose, and throat patients are treated through ambulatory surgery, the Infirmary's 9th Floor Ambulatory Surgery Center staff has developed a team approach in providing patient care.

Report of the Chairman of the Board of Managers

From the Annual Meeting of the Massachusetts Eye and Ear Infirmary December 5, 1990

One year ago, *I received the great honor and privilege of becoming chairman of the Board of Managers of the Massachusetts Eye and Ear Infirmary. As I reflect back, it occurs to me that the titles of Winston Churchill's series of books about World War II provide appropriate metaphors for events at the Infirmary over the past year.*

The title of the first Churchill book is ***The Gathering Storm****. That title is an apt description of the environment at the Infirmary one year ago. Our chairman had retired, and our president had stepped down. The Infirmary had experienced several years of disastrous financial results. Morale was at an all-time low, and things looked fairly bleak.*

Churchill's second book is entitled ***The Grand Alliance****. In the course of the last year, we have forged a grand alliance here at the Infirmary. One alliance has been the new teamwork between senior management and employees. Lines of communication have been opened, realistic budgets have been developed, and, through the "4% Solution," cost savings ideas actually percolated up rather than just down.*

The other alliance has been the new partnership between the administration and the medical staff. The Massachusetts Eye and Ear Associates is now a truly "physician driven" organization. A successful in-house Ambulatory SurgiCenter has been implemented. Physicians have worked with nursing to effect improvements in the operating rooms. Satellites have been conceived, and in one instance so far, have been successfully implemented.

The third book is called ***Closing the Ring****. Much has been achieved. Much remains to be done. I am reminded of the Ralph Waldo Emerson observation that, "The shadow of an institution is lengthened by one man." We are searching for that person who will be our new President. A committee of trustees and physicians is working arduously to find the best individual to lead the Infirmary. We're not in a rush; the institutional hemorrhaging has stopped. We will have a president, but we are going to do it right. A second item that must be resolved is the long awaited refinancing. Much has been accomplished in this regard. We will close the ring on both of these important items this year.*

The fourth book is named ***The Hinge of Fate****. I am not sure what the hinge of fate will be with respect to the Infirmary, although it may relate to what will probably be a new reimbursement system in Massachusetts. We never know whether there will be a surprise, but we are prepared. The Infirmary has developed a break-even budget this year, and in it we have anticipated the inevitable "surprise." I believe that we have turned the corner financially and that we will achieve our goals.*

The fifth book in the Churchill series is ***Triumph and Tragedy****. Over the course of the year, there is no question that there has been tragedy. We have all had to come to terms with reduced budgets, harder work, and difficult decisions. One of the most difficult was the decision to reduce our work force. It is never easy to say good-bye to friends and colleagues. On the other hand, there has also been a great deal of triumph. The financial turn-around has been only one of these triumphs. Most importantly, the "culture" of the Infirmary has changed. The Infirmary is once again a "can do" organization.*

The final book is called ***Their Finest Hour****. I stated one year ago that our finest hour remained ahead of us. We have taken just our first step toward physician-driven systems. We have only put our toe in the water with respect to satellite facilities. We have begun to vertically integrate with extended care for patients with home intravenous therapy. Much remains to be done relative to managed care. All of this has been accomplished without missing a step in continuing the Infirmary's world class clinical, teaching, and research programs. I remain convinced that our finest hour lies ahead of us.*



Thomas M. Reardon
Chairman of the Board
of Managers

In 1990, the Fiscal Services team generated ideas which dramatically improved the hospital's financial position and led the way in developing a break-even budget for the current fiscal year.



Report of the Executive Vice President

When I arrived *at the Infirmary a year ago, I found an institution that was fiscally and emotionally drained. We had lost $16 million from operations in two years. We had experienced two reductions in force. Although we were one quarter into the fiscal year, we had only just approved our annual budget, and already we were behind in meeting its targets.*

To overcome these obstacles, we needed to address many issues immediately. Most importantly, we had to put our fiscal house in order and restore confidence throughout the institution. We did this by focusing on the quality of what we do, emphasizing collaboration with the medical staff, and developing a team approach to problem solving.

At this juncture, I can say confidently that the Infirmary is well on the road to recovery. We have overcome a number of financial hurdles and we have met our budget for the first time in three years. I am also very pleased to report that an across-the-board effort has resulted in a break-even budget for Fiscal Year 1991. Some examples of cost-cutting actions are:

- *We took the painful step of downsizing the administration by 20% and saved nearly $1.4 million in salary expense alone. We have also eliminated a number of vacant positions in our downsizing efforts.*
- *The Fiscal Affairs staff redirected charges to capture an additional $1 million in patient revenue.*
- *We initiated discussions with the medical departments to reduce the expenses associated with teaching and administrative agreements by $1.5 million.*
- *Physician and nursing leaders looked at ways to reduce lengths of stay and costly ordering practices, and the medical staff enthusiastically implemented their suggestions without compromising the quality of care.*
- *We revised purchasing patterns and reduced inventory, and we are investigating options for other supply-related savings, such as converting from disposable to reusable items where appropriate.*



Our budget gains were made possible by volume increases this year, as well. Thanks to the loyalty and support of the Infirmary's physician staff, all key volume indicators were up. This included O.R. volume, inpatient and outpatient volume, and ambulatory surgery discharges. In addition, our revenue and cash flow has improved dramatically, thanks to outstanding work by our Fiscal Affairs and Accounting staff. More accurate billing, higher collection rates, and careful restructuring of our rates within the parameters of state reimbursement regulations has enhanced the income side of our ledger.

One of the year's most significant achievements, however, was the completion of a break-even budget for Fiscal Year 1991. Building on our financial accomplishments of Fiscal Year 1990, we developed a realistic Fiscal Year 1991 budget where the Infirmary's income will meet our expenses for the first time in many years. The budget process was arduous, and it will take even more hard work to achieve our goals. But with close collaboration with our physicians, a team approach, and an emphasis on quality patient care, I believe we can achieve our goals.

Employee support and ideas for cost-savings and growth measures have been significant factors in our collaborative approach in building our future. The improvements we've already made in restoring employee morale are less measurable than our financial gains, but some programs which have contributed to a renewed atmosphere of enthusiasm and confidence in recent months include the "Employee Star of the Month" program, now almost a year old, which has recognized outstanding employees; a successful Secretaries' Day; a record-breaking United Way Campaign Week during which we raised more than $42,000 (compared with last year's total of just over $17,000) and provided outstanding opportunities for interaction between every department in the hospital; and an Infirmary team road race which raised funds for the pediatric service. The sense of participation and generosity which characterized these events demonstrates that the employee spirit is alive and well at the Infirmary.



Throughout this period of downsizing, revitalization, and growth, I am pleased to state that we have maintained our commitment to education and research. Our chiefs, Dr. Frederick Jakobiec, Dr. Joseph B. Nadol, Jr., Dr. Alfred Weber, and Dr. John Donlon continue to enhance research, patient care, and training programs to ensure that the Infirmary will continue to provide medical leadership in the years to come. I am also pleased to report that we have maintained our commitment to nursing, a critical group in all Infirmary endeavors. New programs, improved work environments, and collaborations among physician and nursing leadership are fostering a greater sense of teamwork on all clinical issues. Nursing is, and must be, the center of excellence at the Infirmary.

But while we have charted significant gains this year, we still face some tough issues. Among them are skyrocketing employee health insurance costs, reductions in the federal Medicare budget, rising energy costs, and an uncertain state fiscal situation. Good relations with our medical staff will remain a critical issue as we try to expand and meet our budget targets. And, finally, finding capital to fuel the engine of expansion is the most urgent issue we now face. With the help of the trustees, with the support of the Infirmary family, and with money generated by a break-even budget, we can and we will surmount the challenges ahead.

In conclusion, we have taken on many difficult issues in the last year and we have resolved them. Our success reflects the depth of commitment, involvement, and effort exhibited by every sector of the Infirmary community. Our employees loyally supported our efforts to change and grow. The medical staff reduced length of stay and ordering practices without affecting quality of care. The medical staff leadership worked with the administration and developed meaningful compromises. The department heads pulled together to develop and implement cost saving ideas. And senior administration worked together on very tough issues and successfully pushed the organization out of the red. I was very pleased to have the support of everyone at the Infirmary, and I thank them for all of their hard work.

Curtis Smith

Executive Vice President



Report of the Chief of Ophthalmology

The year 1990 saw the fruition of many Department plans for re-structuring and re-animating the governance of the Harvard Medical School Department and that of the basic science laboratories, and strengthening clinical and scientific resources at the Infirmary.

In the educational arena, we have achieved significant changes in the content and the quality of our residency and fellowship programs, under the direction of Dr. Frank G. Berson and the two responsible Chief Residents, Dr. Mariana D. Mead and Dr. Dimitri T. Azar. The intensified curricula included two courses organized by the residents and fellows themselves which were the equal in scope and content to any C.M.E. course offering. An expanded schedule of in-house lectures and an enhanced Visiting Professorship and Visiting Lectureship series, featuring national experts in all the subspecialties, added further depth to the Department's educational roster.

Two new lecture series were organized in 1990. "Advanced Concepts in Vision Science," which was generously supported by a grant from Allergan, Inc., offered 24 hours of lectures on emerging basic biologic concepts with broad applicability to ophthalmic clinical and laboratory research. We were honored to present two Nobel Laureates, Dr. David H. Hubel and Dr. Torsten N. Wiesel, as the final two lecturers in the series. The monthly "Boston Ophthalmic Pathology Lecture Series" also proved to be of great interest to ophthalmic practitioners. Both lecture series are being repeated in the 1990/1991 academic year.



A highlight of this past summer was the August 16th banquet at Colby College celebrating the stewardship of Lancaster Course Director Dr. Henry F. Allen and his wife Emily. In the past 25 years, Dr. Allen has presided over the basic scientific training of 3,000 of the 5,000 young ophthalmologists who have attended the course since its founding in 1946.

This year, a plan for facilities improvement was formulated and approved by the Infirmary's Board of Managers which will allow the Department to recruit more clinicians and basic scientists in upgraded space. The plan calls for significant remodelling and expansion of outpatient areas, particularly the Retina Service and the Glaucoma Service. Another major component of the Department's expansion program approved by the Board is the extramural expansion of Infirmary patient care services. In keeping with the Infirmary's mission to continue to provide the best in patient care, the department is assessing various outreach programs into the Greater Boston community.



In September 1990, the Infirmary established an Ambulatory SurgiCenter for cataract surgery, located within the major operating rooms.

Continuing our efforts to build scientific bridges within the Boston research community, Dr. Richard Masland, Professor of Neuroscience and an internationally recognized investigator on retinal amacrine cells, was appointed conjoint Professor of Ophthalmology this year. More recently, we have recruited Dr. Craig McKeown of the Cleveland Clinic Foundation to direct the Infirmary's Pediatric Ophthalmology and Ocular Motility Services. Dr. Mariana D. Mead has been appointed as the first full-time Director of Eye Emergency Services, and Dr. Mary M. Gilbert as the first full-time Director of the Cataract Consultation and General Eye Service.

In addition, this year we welcomed 6 full-time ophthalmologists to the Infirmary's sub-specialty services, and 17 non-geographic ophthalmologists in the community have joined the staff, representing the largest complement of private practitioners to have ever been added to our staff in a brief one and one-half year period. This development augers well for the continued growth and future clinical leadership of the Infirmary's Department of Ophthalmology.

From among its private practitioners, the Infirmary is proudest this year of Dr. George E. Garcia, whose presidency of the American Academy of Ophthalmology culminated at the October 1990 meeting in Atlanta. Special mention must also be made of the fact that one of our dearest colleagues and most devoted supporters of the Infirmary, Dr. Abraham Pollen, was an honored guest at the meeting.

In the area of research, Drs. Thaddeus P. Dryja and Eliot L. Berson were awarded the Franceschetti Award from the International Society for Genetic Eye Diseases for their achievement in discovering a gene mutation responsible for one form of retinitis pigmentosa. The work of another group of investigators, led by Dr. David Yandell, has led to a diagnostic test to predict the development of retinoblastoma and holds potential for detecting other genetic diseases.

In the field of neuro-ophthalmology, Dr. Joseph Rizzo has successfully developed a model for the full-thickness transplantation and survival of large portions of retinal tissue. He and his colleagues have also attracted private foundation funding to support an interinstitutional endeavor between the Infirmary, the Massachusetts Institute of Technology, and the Massachusetts General Hospital to develop a microchip which could restore functional vision in patients with degenerative eye diseases such as macular degeneration.

Historically, the Infirmary has been a small but distinguished institution. I believe we are building a future when the Infirmary will be both larger and even more illustrious. We can achieve greater stature by constant and critical self-assessment of our Department's clinical, teaching, and research programs; by developing meaningful, collaborative relationships with other institutions and other specialists; by fully developing our human and material assets; and by embracing, not repulsing, change. I believe that the Infirmary will remain a magnet for physicians and patients alike by continuing to serve the ophthalmic health needs of the greater New England region and by perpetuating its leadership role in academic ophthalmology.

Frederick A. Jakobiec, M.D.
Chief of Ophthalmology

Report of the Chief of Otolaryngology

At its Strategic Planning Retreat *last June, the Board of Managers approved the Department's short-term renovation and expansion plan. This plan emphasized clinical expansion, including renovation and development of new space for Allergy and Pediatric Otolaryngology on the second floor and a new Clinical Care Center on the eleventh floor. When completed, this Center will include an examination suite for Head and Neck and Facial Plastic and Reconstructive Surgery, a Hyperbaric Oxygen Unit, and a Clinical Physiology Unit, which will provide new diagnostic capability, particularly for voice and facial nerve disorders.*

In keeping with the mission of the Infirmary to provide excellence in patient care, the Board of Managers also approved the establishment of the Massachusetts Eye and Ear Infirmary Stoneham Center for Otolaryngology. Thomas Klein, M.D., a member of the medical staff since 1963, will work full time at this new facility.

We welcomed several new members to the clinical staff this year: Dr. Pamela Diamond and Dr. Steven Zeitels on the full-time staff, and Drs. Nicholas Berg and Robert Stern, as members of the part-time staff. Dr. Mack Cheney, Director of the Facial Plastic and Reconstructive Surgery Service, has become the new Director of Otolaryngology Emergency Services, replacing Dr. Thomas Mulvaney, who served expertly in this capacity for many years. Finally, the members of the Department of Otolaryngology will miss their long-time friend and colleague, Dr. Aram Roopenian, who passed away on December 30, 1990 at the age of 76.



We have introduced new equipment and new technology for clinical care into the Department. The hand-held Argon laser for middle ear surgery, as well as two Carbon Dioxide lasers for throat and bronchial surgery, have been obtained for the operating room. In conjunction with the Department of Audiology, monitoring of the facial nerve, which can be vulnerable during temporal bone and parotid gland surgery, has been initiated. Due to the pilot program's success, this service is now available to the staff at large.



Otolaryngologist John McKeigue, M.D., (center) shares his expertise, earned during more than 40 years in practice, with patients and residents in the ENT Service. In 1990, he was voted "teacher of the year" by the ENT residents.

The elinieal eare statistics for the fiseal year just ended are quite eneouraging. There was a signifieant inerease in outpatient visits and a modest inerease in inpatient admissions and surgieal proeedures. In total, there were more than 75,000 visits in our offiees, speialty elinieal and diagnostie serviees, and emergeney room, and more than 7,000 surgieal proeedures performed during the year.

The Department eo-sponsored with Harvard Medieal Sehool two eontinuing eduеation eourses for physieians this year: "Surgery of the Upper Respiratory System," directed by Dr. William Montgomery, and "Pediatrie Otolaryngology," directed by Dr. Roland Eavey and Dr. Miehael Cunningham. The Department also sponsored several smaller eourses in temporal bone surgery and the use of the Argon laser in middle ear surgery. In 1991, the Department is offering a eourse entitled, "Advanees in Head and Neek Surgery for the Praetieing Surgeon," whieh will be held in June and led by Dr. Riehard Fabian. Another eourse, "Otolaryngology for the Internist," will be directed by Dr. Salah Salman in Oetober.

The Department is greatly indebted to the Amelia Peabody Charitable Fund for a grant of $400,000 to inerease the Department's permanent endowment to support researeh in otolaryngology. The Amelia Peabody Foundation supported the establishment of the Amelia Peabody Oto-Immunoehemistry Laboratory, and we weleome Dr. Joe Adams as the new direetor of this lab.

A Laryngology Laboratory is being planned for eonstruetion on the fourth floor. The researeh activities there will be supported by a grant from the National Institute of Deafness and Communieation Disorders. Directed by Dr. Jim Kobler, this faeility will allow researeh into the anatomy, physiology, and disorders of the throat and head and neek area, and will eomplement the elinieal diagnostie activities whieh will take plaee in the new eleventh floor Clinieal Physiology Laboratory. We are pleased to announee that the departmental training grant for researeh training for graduates of otolaryngology resideney programs has been renewed by the National Institutes of Deafness and Communieation Disorders. This provides researeh opportunities for one to two years of researeh training for otolaryngologists interested in planning an aeademie areer.

The year 1990 has seen eneouraging progress in all areas of the Department. There have been substantial inereases in patient volume, in subspeeialty expertise, and in the reeruitment of new elinieians and researehers. The Department is grateful for the support of its patients, benefactors, researeh and elinieal staff, and the Infirmary managers and trustees, who have made these efforts possible.

Joseph B. Nadol, Jr., M.D.
Chief of Otolaryngology

THE YEAR IN REVIEW



The Environmental Services Department *started an Infirmary-wide paper recycling program in February 1990. By recycling white uncoated paper, Infirmary employees saved an estimated $2,975, the equivalent of 30 tons of paper and 510 trees.*

U.S. News & World Report *in its April 30 issue recognized the Infirmary as one of the top 50 hospitals in the nation. A survey of 1,800 physicians from across the country named the Infirmary's Ophthalmology and Otolaryngology Departments as two of the best in their fields. Chief of Otolaryngology Joseph B. Nadol, Jr., M.D., was quoted in the article.*



Other staff members *who were featured in the national and international media in 1990 include Thaddeus Dryja, M.D., Eliot Berson, M.D., and a team of Infirmary researchers who received international media coverage for discovering a mutant gene that causes some types of retinitis pigmentosa, an inherited degenerative disease of the retina. Carmen Puliafito, M.D., was quoted in a number of stories on laser treatment to correct nearsightedness, which were published in the* ***Wall Street Journal***, ***The Boston Globe***, *and many newspapers across the country. Donald Eddington, Ph.D., was cited in a story on cochlear implants which was printed in several U.S. newspapers.*

September 24 marked the opening *of the Infirmary's SurgiCenter, a pilot program for ambulatory cataract surgery. Assigned two operating rooms, SurgiCenter physicians perform a case in one room while their next patient is prepared in the other room, making the operating room schedule more efficient. Roger Steinert, M.D., Donald D'Amico, M.D., and Carol Covell, R.N., coordinated the set-up of the SurgiCenter.*

During Halloween week, *employees and physicians raised nearly $42,000 for the United Way, more than doubling last year's total. The Infirmary's award-winning* ***"Partners in Caring"*** *campaign included a bake sale, a raffle, and a Halloween reception, as well as a pumpkin-carving contest, a bake-off, and sporting competitions.*

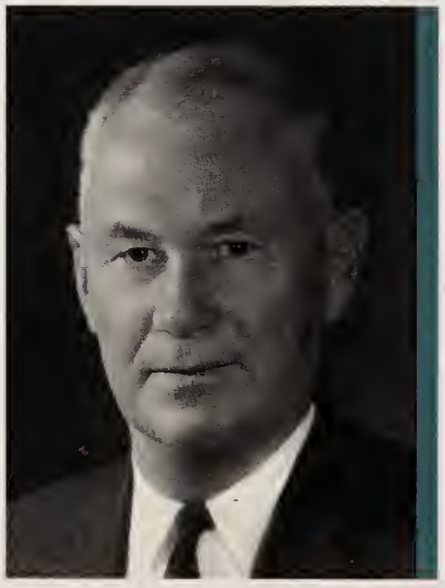




By providing a clean, safe, and welcoming hospital environment for patients and visitors, Environmental Services staff members support the Infirmary's mission to provide the best in specialty care.

On January 8, 1991, *the Infirmary implemented* ***"Caring is Our Business,"*** *a program focused on ways employees treat patients, visitors, and co-workers. Every Infirmary employee, from the medical staff to maintenance to dietary to administration, will attend a 1 1/4 hour session, watch a video produced by Infirmary employees, and discuss standards of behavior that will help the hospital be successful in a competitive and changing health care environment.*

Francis S. Hill and Aram Roopenian, M.D., *two members of the Infirmary family who had important roles in the hospital's development, died in 1990. Mr. Hill (photo below right), Infirmary director 1949-1967 and assistant director 1945-1949, passed away November 30, 1990. He was 89. Following his retirement, Mr. Hill was an active member of The Building Fund Campaign from the late 1960s through the early 1980s, raising several million dollars for the new Infirmary building. Dr. Roopenian, emeritus member of the Infirmary medical staff, died December 30, 1990 after a brief illness. He was 76. Dr. Roopenian was a member of the medical staff since 1946, and he served as director of plastic surgery from 1963-1975.*





An employee-of-the-month program *was started in March to recognize employees who* ***"go beyond the call of duty"*** *to help patients, visitors, and co-workers. Employees, managers, and physicians may nominate an employee. The Human Resources Advisory Committee selects the winners, who are given plaques at receptions in their departments, receive a week's free lunch in the cafeteria, and oversee Executive Vice President Curt Smith while he* ***"does"*** *their job for a half day. In addition, press releases are sent to their hometown newspapers, and their names are published in* ***Forum****, the monthly employee newsletter.*

There were a number of medical appointments *in 1990. Craig McKeown, M.D., formerly of the Cleveland Clinic Foundation, was named director of Pediatric Ophthalmology and Strabismus. Mack Cheney, M.D., and Mariana Mead, M.D., were appointed directors of the Ear, Nose and Throat Emergency Service and the Eye Emergency Service, respectively. Mary Gilbert, M.D., is the new director of the Cataract Consultation and General Eye Service. She replaces George E. Garcia, M.D., who stepped down after six years as director. Michael McKenna, M.D., was named director of the Temporal Bone Dissection and Microsurgical Laboratory. He is also director of the Facial Nerve Center. Acting Chief of Anesthesia John V. Donlon, Jr., M.D., was appointed medical director of the Operating Room and Pat Cobb, R.N., was selected as the O.R. nursing director.*



▲ **The Ladies Visiting Committee** *hosted "Faites Vos Jeux," a gala benefit for the hospital, at the Copley Plaza Ballroom, Boston, on April 7. Using play money, guests tried their luck at roulette and card tables, with the evening's proceeds benefiting the Infirmary's patient care and social work programs. Dr. Helene Day, Consul of the Principality of Monaco for New England, was the benefit's honorary chairman. LVC First Vice President Mrs. Salah D. Salman (photo above, at right) chaired the event.*

More than 120 medical secretaries *and staff members from admitting physicians' offices attended the Medical Secretaries' Information Fair and Dinner on September 12. Guests enjoyed a buffet dinner and were given a hospital tour and a Patient Procedures Manual outlining Infirmary services and procedures.*

Several Infirmary nurses were honored in 1990 *including Nancy Delisio, R.N., C.R.N.I., who was named president of the Intravenous Nurses Society. Konnie Murphy, R.N., and Tracy Breen, R.N., won awards for their posters, presented at the American Academy of Otolaryngology and Society of Head and Neck Nurses conference. Vice President for Patient Services Carol Covell, R.N., was one of only 40 senior nurse executives selected to attend the 1991 Wharton Fellows Program in Management for Nurses at the Wharton School of the University of Pennsylvania.*

The Joint Commission for the Accreditation of Healthcare Organizations *(JCAHO) reviewed the Infirmary in July for renewal of its accreditation. Comments made by the JCAHO surveyors following Infirmary tours, interviews, and record reviews included: "Infirmary clinical laboratories appear to be among the most efficient in the nation;" and, "We found the entire Infirmary Nursing Service to be in substantial compliance with JCAHO regulations." The Infirmary was formally notified in September of its successful three-year re-accreditation.*

During the 1990 Better Speech and Hearing Month, *the Infirmary's Audiology Department announced plans for Operation* ***D.A.W.N.*** *(Donated Amplification for World Need). Through this program, Infirmary audiologists are collecting used hearing aids for needy people in the United States and abroad. The donated hearing aids will be distributed through charitable organizations to people who cannot afford them and to geographic regions where the demand for hearing aids exceeds the supply. The Audiology Department staff planned and is implementing the year-round program as a voluntary effort.*

Medical Staff

Effective December 31, 1990

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George E. Garcia, M.D.

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Eliot L. Berson, M.D.
S. Arthur Boruchoff, M.D.
Robert J. Brockhurst, M.D.
Claes H. Dohlman, M.D.
David L. Epstein, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, Jr., M.D.
H. MacKenzie Freeman, M.D.
Stephen J. Fricker, M.D.
Ephraim Friedman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
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Deborah Pavan Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
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Ronald C. Pruett, M.D.
Charles D.J. Regan, M.D.
Perry Rosenthal, M.D.
Alfred W. Scott, M.D.
David Scott, M.D.
Richard J. Simmons, M.D.
Felipe Tolentino, M.D.
David S. Walton, M.D.

Associate Surgeons in Ophthalmology
Lloyd M. Aiello, M.D.
Ann M. Bajart, M.D.
Frank G. Berson, M.D.
Chester J. Boulris, M.D.
Jack F. Bowers, M.D.
John M. Carroll, M.D.
Richard Dallow, M.D.
Donald J. D'Amico, M.D.
Thaddeus P. Dryja, M.D.
Elliot Finkelstein, M.D.
Richard P. Floyd, M.D.
Arthur S. Grove, M.D.
Philip J. Harris, M.D.
Tatsuo Hirose, M.D.
Roland E. Houle, M.D.
David S. Hutchison, M.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
John G. Sebestyen, M.D.
Johanna Seddon, M.D.
Bradford J. Shingleton, M.D.
John W. Shore, M.D.
Roger F. Steinert, M.D.
Michael S. Wiedman, M.D.

Assistant Surgeons in Ophthalmology
Mark Abelson, M.D.
C. Davis Belcher, III, M.D.
Gary Borodic, M.D.
Sheldon Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Anthony J. Fraioli, M.D.
Jay Henry Kaufman, M.D.
Brent Lambert, M.D.
Peter L. Lou, M.D.
Howard Marton, M.D.
Ernst J. Meyer, M.D.
Edward B. Murphy, Jr., M.D.
Carmen A. Puliafito, M.D.
Donald W. Putnoi, M.D.
Theodore Renna, M.D.
Thomas Richardson, M.D.
Claudia U. Richter, M.D.
James W. Rosenberg, M.D.
Delia N. Sang, M.D.
Kenneth Stampfer, M.D.
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Clement Trempe, M.D.
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Claudia Arrigg, M.D.
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Romeo K. Chang, M.D.
John B. Constantine, M.D.
Stephen Deppermann, M.D
Evan Dreyer, M.D.
David Gendelman, M.D.
Jeffrey P. Gilbard, M.D.
Andrew J. Gillies, M.D.
Edward F. Goodman, M.D.
Paul L. Gunderson, M.D.
Alexandre Jalkh, M.D.
Judith Johnson, M.D.
Robert T. Lacy, M.D.
Mark Latina, M.D.
John Loewenstein, M.D.
Richard Low, M.D.
Jane Lubin, M.D.
Craig McKeown, M.D.
James T. Patten, M.D.
Michael Pinnolis, M.D.
Joseph F. Rizzo, III, M.D.
Edward Ryan, M.D.
Francis Sutula, M.D.
John V. Thomas, M.D.
Daniel J. Townsend, M.D.
Paul Wasson, M.D.
Mark J. Weiner, M.D.
Susan Wong, M.D.
John J. Woog, M.D.
Stephen A. Youngwirth, M.D.

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Ralph H. Hinckley, M.D.
James R. Lee, M.D.
Eeva-Liisa Martola, M.D.
Robert A. Petersen, M.D.
Harvey H. Slansky, M.D.
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Donald R. Weis, M.D.

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David Z. Greenseid, M.D.
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David G. Perkins, M.D.
Leon Remis, M.D.
Daniel Tolpin, M.D.

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R. Rand Allingham, M.D.
Frederick C. Armbruster, M.D.
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Michael Chang, M.D.
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Gilbert Kliman, M.D.
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Jerry Popham, M.D.
Christopher Westfall, M.D.

CONSULTING STAFF

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Robert S.L. Kinder, M.D.
David Miller, M.D.

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Silvio R. von Pirquet, M.D.

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Carl G. Freese, M.D.
John M. Hill, M.D.

Assistant Surgeons
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Bertha Offenbach, M.D.

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Eric Endo, M.D.
Donald S. Fong, M.D.
Cynthia Grosskreutz, M.D.
David G. Hunter, M.D.
Deborah S. Jacobs, M.D.
Vera Kowal, M.D.
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M. Lisa McHam, M.D.
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Samuel Navon, M.D.
Peter Netland, M.D.
John H. Niffenegger, M.D.
Joan M. O'Brien, M.D.
Annabelle A. Okada, M.D.
Susanna S. Park, M.D.
Chittaranjan V. Reddy, M.D.
Elias Reichel, M.D.
Nicholas Volpe, M.D.

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Jeffrey B. Arnoult, M.D.
Mark W. Balles, M.D.
Neal P. Barney, M.D.
Wendall Bauman, M.D.
Richard Beckman, M.D.
Eleanore Ebert, M.D.
Linda Greff, M.D.
Frederic Gross, M.D.
David Guyer, M.D.
Steven Hamilton, M.D.
Mark S. Hughes, M.D.
Paul Lee, M.D.
Marlon Maus, M.D.
William McLaughlin, D.O.
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Dale Oates, M.D.
Samir Patel, M.D.
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Sandra Sofinski, M.D.
Sarkis Soukiasian, M.D.
Jonathan Talamo, M.D.
Richard Tamesis, M.D.
King To, M.D.
David Tingey, M.D.
Christopher Tortora, M.D.
Stefan Trocme, M.D.
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Asher Weiner, M.D.
Christopher Westfall, M.D.
Helen Wu, M.D.

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Tomy Starck, M.D.
Janey Lee Wiggs, M.D.

SERVICES

Cataract Consultation and General Eye Service
George E. Garcia, M.D.
Director (through 11/90)
Mary M. Gilbert, M.D.
Director (effective 11/90)

Cornea Consultation Service
Deborah Pavan Langston, M.D.
Acting Co-director (effective 1/91)
Michael D. Wagoner, M.D.
Acting Co-director (effective 1/91)
Roger F. Steinert, M.D.
Director (through 1/91)

Diabetic Retinopathy Service
Donald J. D'Amico, M.D.
Director

Electroretinography Service
Eliot L. Berson, M.D.
Director

Eye Emergency Service
Mariana Dieste Mead, M.D.
Director (effective 8/90)
Bradford J. Shingleton, M.D.
Director (through 8/90)

Epidemiology Unit
Johanna Seddon, M.D.
Director

Eye Virology
Deborah Pavan Langston, M.D.
Director

Glaucoma Consultation Service
David L. Epstein, M.D.
Director

Immunology-Uveitis Service
C. Stephen Foster, M.D.
Director

Morse Laser Center
Carmen A. Puliafito, M.D.
Director

Neuro-Ophthalmology Service
Simmons Lessell, M.D.
Director

Ocular Motility and Pediatric Ophthalmology Service
Craig McKeown, M.D.
Director

Oculoplastics and Trauma Service
John W. Shore, M.D.
Director

Ophthalmic Oncology Service
Frederick A. Jakobiec, M.D.
Director

Ophthalmic Pathology
Daniel M. Albert, M.D.
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Residency Training
Frank G. Berson, M.D.
Director

Retina Service
Evangelos S. Gragoudas, M.D.
Director

Vision Rehabilitation Service
Joel A. Kraut, M.D.
Director

DEPARTMENT OF OPHTHALMOLOGY RESEARCH

Berman-Gund Laboratory for the Study of Retinal Degenerations
Eliot L. Berson, M.D.
Director
Cynthia Heth, Ph.D.
Dorothy Roof, Ph.D.
Michael Sandberg, Ph.D.

Center for Clinical Cataract Research
Leo T. Chylack, Jr., M.D.
Director (through 9/90)
Patricia Khu, M.D.

Howe Laboratory of Ophthalmology
Elio Raviola, M.D., Ph.D.
Director
Daniel M. Albert, M.D.
R. Rand Allingham, M.D.
P. John Anderson, Ph.D.
Usha Andley, Ph.D.
Hong-Ming Cheng, Ph.D.
Edmund Crean, Ph.D.
Annalies DeKater, Ph.D.
Evan Dreyer, M.D.
Thaddeus P. Dryja, M.D.
David L. Epstein, M.D.
Kristine Erickson-Lamy, Ph.D.

C. Stephen Foster, M.D.
Judith Jedzeniak-McGregor, Ph.D.
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Nancy Kolodny, Ph.D.
Kenneth Kwong, Ph.D.
Soon Jin Lee, Ph.D.
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Shizuo Mukai, M.D.
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Joel Schuman, M.D.
Jing Xiong, Ph.D.
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Lucy Young, M.D.
Chun Song Zuo, Ph.D.

Morse Laser Center

Carmen A. Puliafito, M.D.
Director
William A. Gregory, Ph.D.
Charles Lin, M.D.

Epidemiology

Johanna Seddon, M.D.
Director
Robert Glynn, Ph.D., Sc.D.

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Oded Hauptman, M.D.
Nada Jabbur, M.D.
Kazuto Kajiwara, M.D.
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Ronald Neumann, M.D.
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Junya Toguchida, M.D.
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Department of Otolaryngology

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Chief Emeritus of Otolaryngology

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Surgeons in Otolaryngology

Yale J. Berry, M.D.
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Richard L. Fabian, M.D.
Edward L. Glinski, M.D.
William L. Hayden, M.D.
C. Edward Jackson, M.D.
Edward E. Jacobs, Jr., M.D.
Roy A. Johnson, M.D.
Donald G. Keamy, M.D.
Thomas R. Klein, M.D.
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Joseph A. Moretti, M.D.
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Roland D. Eavey, M.D.
Howard Malcolm Ecker, M.D.
Parviz Janfaza, M.D.
Ely A. Kirschner, M.D.
David E. Nash, M.D.
Stephen W. Parker, M.D.
David L. Pierce, M.D.
Steven D. Rauch, M.D.
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Howard G. Smith, M.D.
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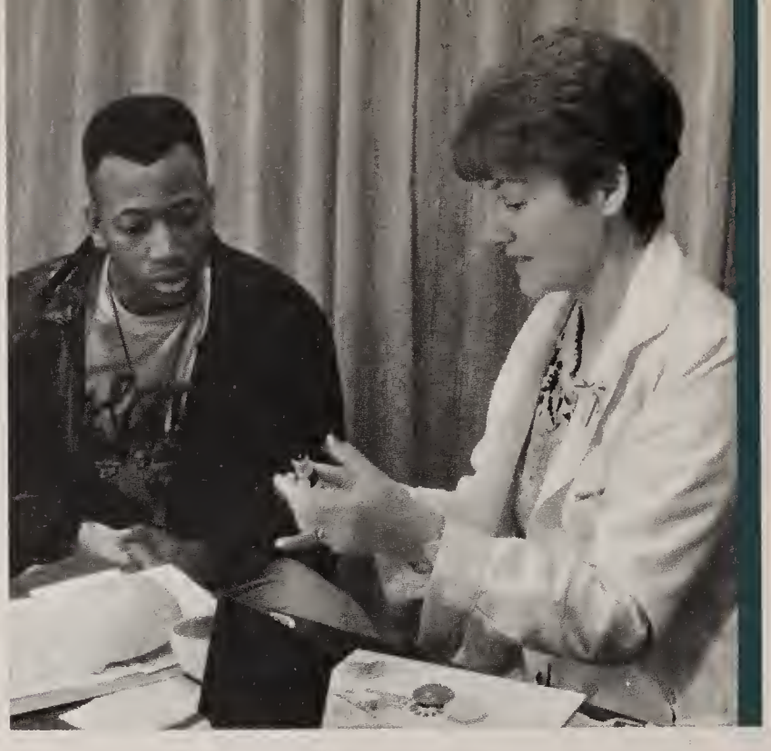
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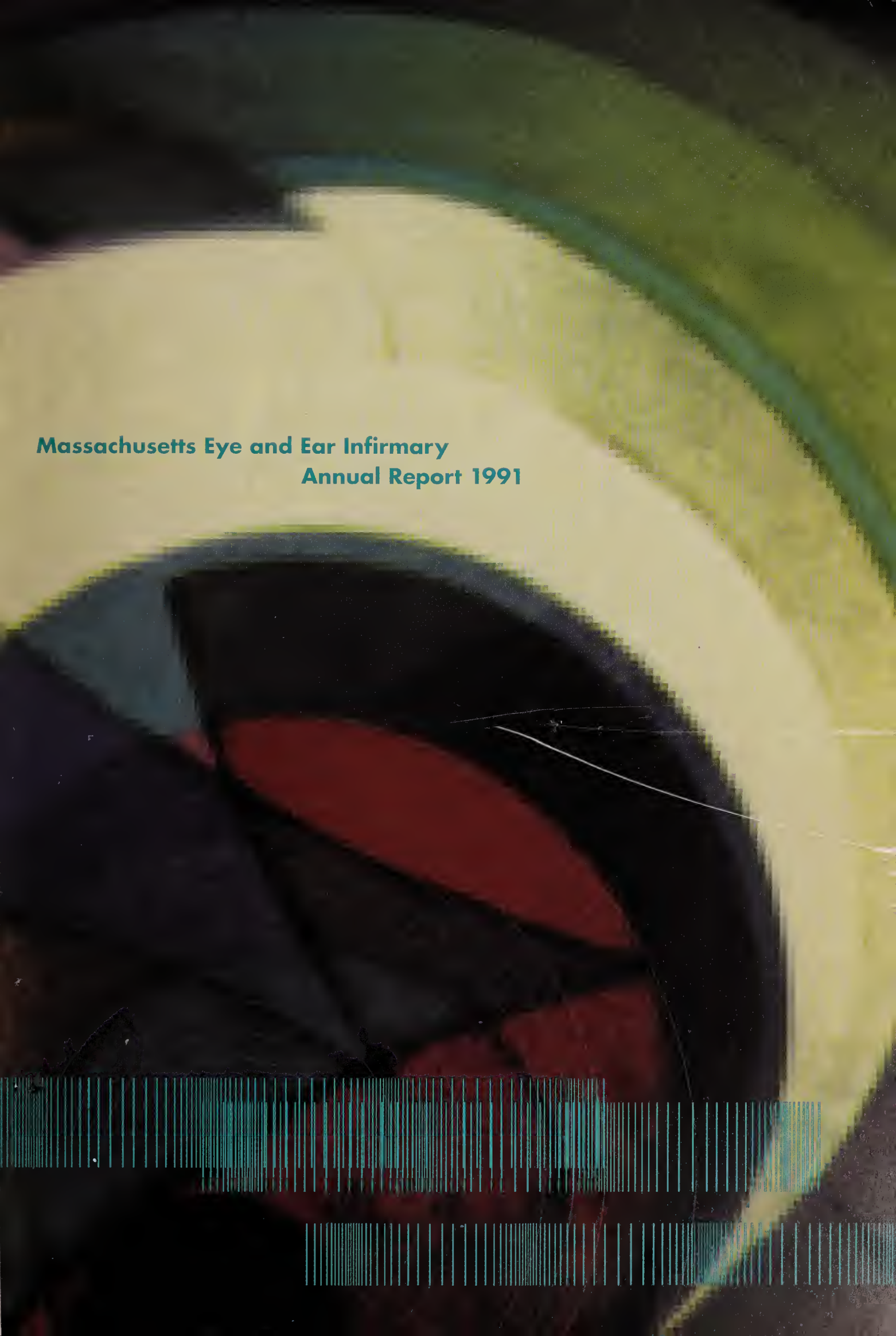
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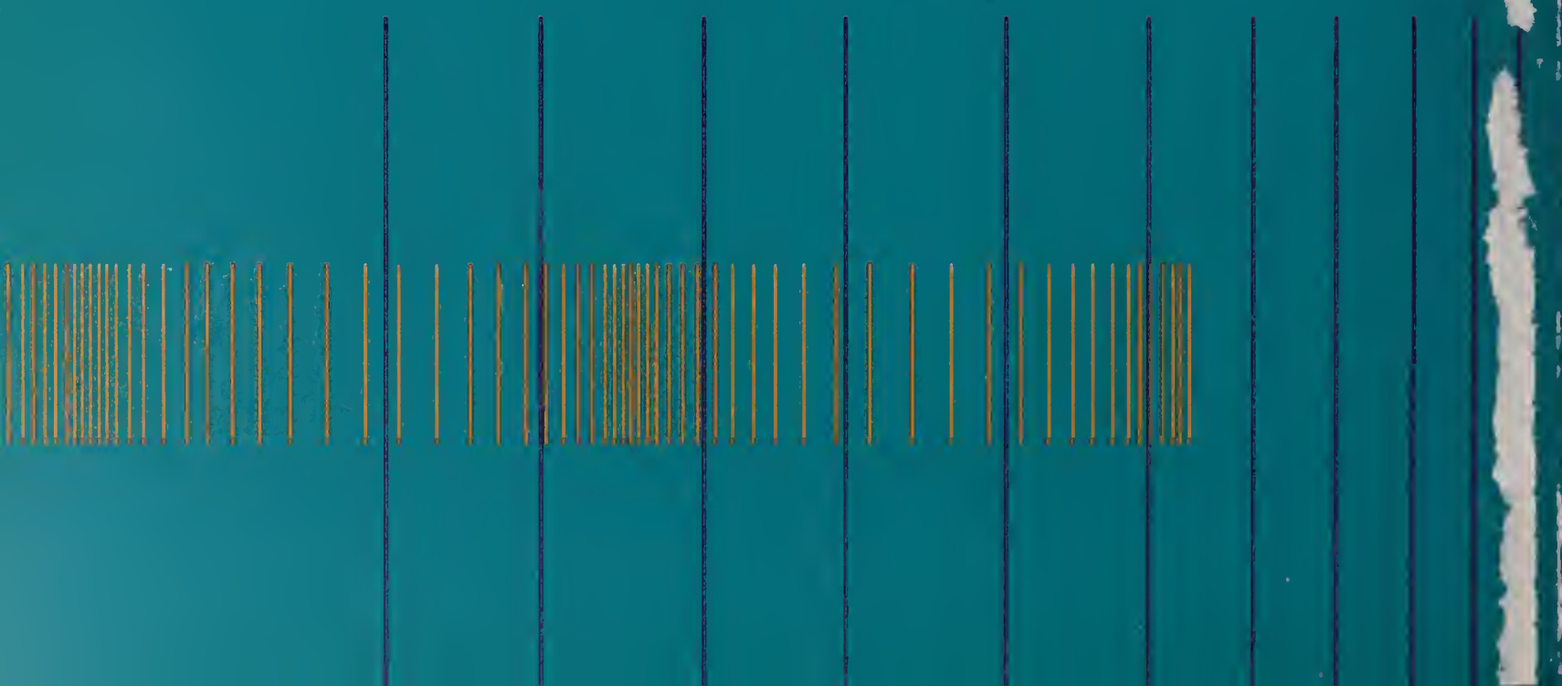
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Eye and Ear
Infirmary

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617-523-5498 (T.T.Y.)



Massachusetts Eye and Ear Infirmary
Annual Report 1991

Since its founding in 1824, the Massachusetts Eye and Ear Infirmary has adapted continually to meet the changing needs of its patients. 1991 was another year of tremendous growth and change at the Infirmary. New technologies were implemented. Innovative services and facilities were developed. Finances were stabilized and strengthened. Patient services grew. Educational programs flourished. And the over-arching mission to provide outstanding specialty care for patients advanced to new levels. The kaleidoscope pictured on the cover signifies both sight and the dynamic approach of the Infirmary toward its specialties. The printed bars, which spread outward across the cover, are digitized representations of the sound of a trumpet, indicating hearing and the Infirmary's progressive orientation toward the future.



Report of the Chairman

The fiscal year ending September 30, 1991 has been a year of tremendous accomplishment and much change. The Infirmary actually recorded a surplus for the first time in recent memory. A brilliant $50 million refinancing paid off old debt, repaid the Foundation for loans made to the Infirmary during recent rainy days, netted $15 million for new construction and expansion, and actually reduced the Infirmary's debt service from approximately $6.1 million to $4.5 million per annum. Another milestone was achieved this year when a decade-long analysis paralysis was broken with respect to satellites, with the opening of two new Infirmary facilities in suburban locations this past summer.

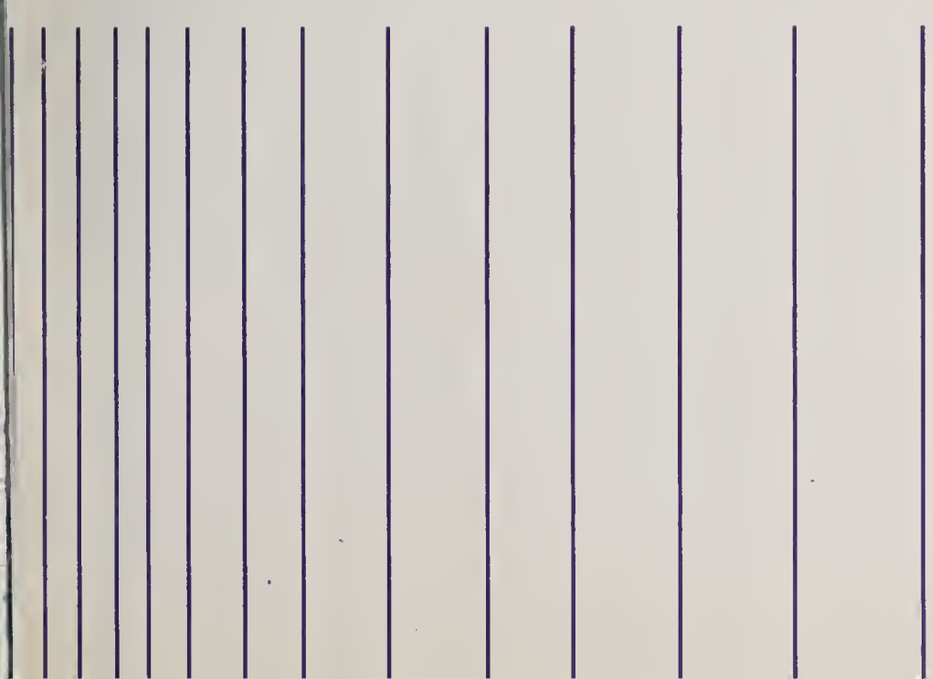
It is time to pause and give thanks. Thanks to the board of trustees and board of managers, all of whom are volunteers and who gave unstintingly of their time, wisdom, and resources. Thanks to a "can-do" administration and rejuvenated work force. Thanks to the chiefs and the full-time medical staff who kept the faith and stepped up to the plate and became part of the "obligated group" in the refinancing. Thanks to the part-time medical staff who also kept the faith, not-withstanding some serious and understandable disagreements on certain strategic decisions. Thanks to the entire Infirmary family for a team effort in keeping the Infirmary the world epicenter for ophthalmology and otolaryngology.

Unfortunately, we can pause for only a moment. What we have collectively earned is time: time to get on with unfinished business; time to learn to swim in a health care environment which will become what one commentator has called "permanent white water."

We need to appoint a president (the search process is finally winding down). We must develop five and ten year strategic plans. We need to get on with a major capital campaign. We should implement, with respect to the Board of Managers, a rotation system, skills inventory, continuing education, and evaluation programs. We must assess whether the Infirmary needs more vertical and/or horizontal integration. We have to sort out, to our mutual advantage, the relationship with the Massachusetts General Hospital and other Harvard teaching hospitals. We must develop a proactive approach to managed care, including a serious look at direct contracting. We must become players in the national health care debate, and help fashion where the Infirmary and other specialty hospitals will fit in proposed solutions.

The Infirmary has been restored to fiscal and operational health. Fortunately, that allows us to face the challenges of the future not as problems, but as opportunities.

Thomas M. Reardon
Chairman of the Board of Managers





Report of the Executive Vice President

The Massachusetts Eye and Ear Infirmary has come a long way indeed in the past 24 months. Our accomplishments during this time have been the result of a cooperative effort among all sectors of the Infirmary: the board of managers, the trustees, the medical staff and medical staff leaders, senior managers, department heads, and the Infirmary's employees. We should be very proud of what we have achieved together.

Our progress in the fiscal year just ended is particularly significant, as I believe we have laid the foundation for a future in which the Infirmary will be stronger than ever. Let me review just some of our recent accomplishments.

First and foremost, I am very pleased to announce that we reached our goal to achieve a break-even budget from operations for the Infirmary in fiscal year 1991. Achieving fiscal stability was vital for the future of the Infirmary. Without it, we would have no credibility in the financial market, we would be hamstrung by the restrictions and covenants of a twenty-year accumulation of morgages and loans, and we would have no unencumbered capital to fund the expansion plans which would ensure a future for our hospital.

The financial turnaround was the result of thousands of ideas and an incredible effort by the entire Infirmary community. We should recognize in particular, however, the contributions of Vice President for Finance Peter J. Chinetti for leading our financial reorganization and stabilization.

Mid-way through the fiscal year, when we were clearly showing positive financial and volume figures, the board of managers demonstrated their faith in the Infirmary's leadership by authorizing a bond issue. The physicians also joined MEEA with the Infirmary and the Foundation to form the obligated group for the bond issue.

An Infirmary team, which included Infirmary Treasurer Maynard Goldman, worked through the summer with investment bankers Merrill Lynch & Co. and Kidder Peabody & Co. to develop a $50 million bond proposal. In September 1991, our tax-free bonds were offered and sold within two hours. Approximately $35,000,000 of the funds generated have been used to consolidate and refinance our existing debt at a lower interest rate. The remaining funds will be used over the next three years to renovate our existing facilities to house expanded and upgraded clinical services which are the most essential for our future growth. Construction of several of those facilities is already underway.

Our fiscal achievements included several other critical components. In the past year some key indicators revealed increased efficiency in utilization as well as significant volume growth compared with the previous year. For example: surgical volume grew by 800 cases; outpatient visits expanded by 11%; length of stay decreased by 6.4%; and inpatient ancillary testing dropped 20%.

We also improved our income and cash flow and brought our expenses under control through a variety of initiatives: we empowered middle managers to take full responsibility for financial decisions in their departments; we sought and implemented suggestions for savings from all employees; we reduced salary expenses by freezing or eliminating positions; we developed a competitive bidding environment among medical suppliers and negotiated lower prices for major expense items such as sutures and intraocular lenses; and we initiated an energy management program.

Finally, operations throughout the hospital continue to be reviewed and improved on an ongoing basis. Physicians, nurses, managers, trustees, and employees are working together on dozens of projects to enhance the quality of patient care in cost-effective ways. Among this year's most significant accomplishments was the work of a committee led by Donald J. D'Amico, M.D., and Carol Covell, R.N., M.S., to initiate "fast track" ambulatory surgery within the major

Infirmary nurses are recognized natianally as leaders in their field for their innovatian, educatian, and expertise in aphthalmic and otolaryngalagic nursing. But in addition to their prafessional expertise, Infirmary nurses offer patients and families their support and concern during nurse-patient encounters in every hospital setting — in the office or emergency room, in the aperating room or during recovery, and at the bedside during recuperation and rehabilitation. In the photo, Head and Neck Oncology Unit Nurse Debbie Salt, R.N., discusses tracheostomy care and plans far speech rehabilitation with laryngectomy patient Mr. Arthur Bedard. Before the educational sessian ended, the two were swapping gardening tips for grawing prize tamatoes.

operating rooms. The Pharmacy and the Nursing Service worked together to implement the unit dose system for more efficient medication distribution on the patient floors. An interdisciplinary group began planning the intermediate care unit on the 11th floor. Nearly every department in the hospital was involved in a $2 million mainframe computer upgrade and conversion. Two other long-anticipated projects were begun in fiscal year 1991: the Emergency Ward renovations and the Magnetic Resonance Imaging Suite construction. Both projects allow for improved delivery of patient care and will strengthen our foundation for the future in two critically important services.

Other efforts to strengthen the foundation for our future are the projects we initiated to enhance both quality of care and volume. I am pleased that we have opened the satellite facilities in Stoneham, MA, and Methuen, MA, which had long been under discussion. In the immediate future, these facilities provide alternate care sites as the "big dig" of Boston's Central Artery looms as a potential impediment to patient access. Long term, however, the concept embodied in these satellites of allying the Infirmary standard of care to convenience and accessibility for our patients will support the growth necessary for our continued success.

Looking toward the future, I am pleased to report progress on two additional centers. This spring, the Infirmary's Department of Otolaryngology will be opening a new, full-service center for the treatment of patients with allergic and asthmatic disorders. We have also recently organized the Eye Plastics and Orbit Center at 50 Staniford Street. Drs. Richard L. Dallow and Francis C. Sutula have joined Drs. John W. Shore, Peter A.D. Rubin, Daniel M. Albert, and Frederick A. Jakobiec to form a unique and intensive service dedicated to treatment of problems related to eye plastics, lacrimal, thyroid, and orbital disorders, and ophthalmic oncology.

None of the achievements listed could have been done without the special group of people who make up the Infirmary. By working as a team, we accomplished more than anyone had thought possible. Our board of managers supported the efforts of Infirmary leaders, tolerated our mistakes, and helped guide the hospital through its occasional growing pains. Nursing leadership and the nursing staff continue to set the standard for care in our specialties and should be recognized for the outstanding role they play in supporting the Infirmary's reputation regionally and nationally. We also recognized the importance of our existing personnel who saw the Infirmary through some tough times. We initiated the popular "Employee of the Month" program and implemented our own employee and patient relations program, "Caring Is Our Business."

The most critical group in the historic and future success of the Infirmary, however, is our medical staff. The expertise, loyalty, and drive of the entire staff—full-time and part-time—is what has propelled the Infirmary to its present leadership position. I firmly believe that this year's success is due to the fact that we have worked collaboratively with our physicians and the medical staff leadership, listened to their goals and met their needs to the best of our ability. Their continued involvement and commitment is the key to our future.

Clearly, the Infirmary's new president will be the leader who will build on the foundations we have laid in the past year. I personally look forward to the president's arrival, the new challenges we will encounter, and the goals the entire Infirmary community will develop together. I am proud of what we have accomplished so far, and I anticipate an exciting future for the Infirmary.

F. Curtis Smith
Executive Vice President

Glaucama Cansultatian Service Technician Sherry Lott positians glaucoma patient Mr. Rhaads Williams far a computerized visual field test. The specialized examination will reveal even a minute loss in peripheral visian as a result af nerve damage fram glaucoma. In 1991, the Infirmary initiated the Glaucoma Diagnastics Service under the auspices of the Glaucama Cansultatian Service. This new service affers patients the complete range af state-of-the-art testing by expert staff far precise diagnasis and manitaring of the disease. Glaucoma is naw the third leading cause af blindness in this cauntry, and recent studies indicate that Black Americans experience a higher than average incidence af the disease. Ta support the Natianal Eye Institute-spansared effort ta pravide early detection of glaucoma for all Americans, the Infirmary is offering free glaucoma screenings thraughaut the year.





Report of the Chief of Ophthalmology

The past year was a vital and eventful one for the Department of Ophthalmology. Clinical growth has proceeded apace in the Infirmary's full-time group practice as well as in the private practice community. Over the past two years, the Department of Ophthalmology's utilization of the Infirmary's 19 operating rooms has increased by 12%, and our bed occupancy remains remarkably high. The growth in surgical and outpatient volume was very much enhanced by the implementation of a "fast track" ambulatory surgery system for high-volume and efficient anterior segment surgeons. Both physicians and patients have expressed great satisfaction with this new system. The residency and fellowship programs continue to be strengthened, and our continuing medical education courses were more subscribed to than ever. As a touchstone of our research activity, there were almost 300 presentations and posters offered by Infirmary and Harvard Medical School faculty at the May 1991 meeting of the Association for Research and Vision in Ophthalmology. Finally, the four-volume textbook, *Principles and Practice of Ophthalmology: The Harvard System*, with 359 authors and co-authors and 465 chapters now being edited by Dr. Daniel M. Albert and myself, is nearing completion and will be published by W.B. Saunders in 1992.

I am delighted to announce that a formal affiliation between the Eye Research Institute (ERI) of the Retina Foundation and the Harvard Medical School Department of Ophthalmology was established this year. With the addition of the ERI's 25 scientists who hold non-clinical academic H.M.S. appointments to the 20 investigators of the Howe Laboratories, the Berman-Gund Laboratory, and those associated with the laboratories in the other H.M.S. affiliated units, the Harvard Department of Ophthalmology as now constituted possesses among eye departments the largest assemblage in the world of basic scientists and physician-scientists performing research on all aspects of the visual system.

A landmark accomplishment this year was a balanced hospital budget for the first time in several years. This has been a result of the close cooperation of the medical leadership and staff with the hospital's management team; a reduction in the number of employees and operating expenses; the growth of the full-time practice; and the growth of the part-time staff and their private practices. In this regard, we are particularly pleased that Dr. Richard Simmons and his associates are once again performing their tertiary care glaucoma surgery at the Infirmary.

Another signal development was the approval of plans for the construction of an ophthalmic satellite 30 miles north of Boston in Methuen, Massachusetts. This site is located at the confluence of highways in northern Massachusetts, readily accessible to residents of Vermont, New Hampshire, and Maine. The facility, which opened in September 1991, comprises 4500 square feet of space, and is provided with first-class examination equipment, the latest ultra-sonographic and fluorescein angiographic diagnostic capabilities, and laser instrumentation. In order to maintain the most synergistic relationship with community ophthalmologists, we are making arrangements for the delivery of primary care at the Center by members of the Infirmary's part-time ophthalmology staff, while the bulk of the tertiary care will be provided by the Infirmary's full-time subspecialty consultants. Thus, the Center's staffing model mirrors that of the Infirmary's main campus.

Other important developments this year included the appointment of Dr. Mary M. Gilbert as the first full-time director of the Cataract Consultation and General Eye Service. She succeeded Dr. George E. Garcia who, as part-time director, had done much to develop a private-practice environment in the Infirmary's largest outpatient service. More recently, Dr. Michael D. Wagoner was named director of the Cornea Service. In the realm of research, we are recruiting two

The Infirmary is a teaching hospital of Harvard Medical School and an international center for research. It has the most competitive program in the country for eye and ear, nose, and throat residency training and the world's largest ophthalmic fellowship program. Each year, 42 residents and more than 60 research and clinical fellows, representing nearly 20 nations, receive specialty training at the Infirmary. Chief of Ophthalmology Frederick A. Jakobiec, M.D., talks with Chief Resident Jeffrey C. Lomkin, M.D., and Ophthalmology Resident Vera O. Kowal, M.D., to plan an innovative continuing medical education course organized and staffed entirely by the Ophthalmology Department's 24 residents.

molecular geneticists, as well as other basic scientists in the fields of retina, glaucoma, and immunology to enhance the Infirmary's successful research activities already ongoing in those areas.

The Board of Managers, the hospital's administration, and the medical staff and leadership successfully completed a cooperative effort to prepare a proposal which refinanced the Infirmary's old debt and eventuated in a bond proposal that will supply the Department of Ophthalmology with $8 to $10 million of additional capital for new clinical and research facilities. Expanded clinical programs will encompass new centers for retina, glaucoma, pediatric ophthalmology, cornea, ophthalmic plastics and oncology, immunology, and general eye care. These renovated facilities will allow us to serve our patients better and should sustain the Infirmary's growth.

Adaptation is the mainspring for survival, and during the difficult transition of the 1990's, it is going to be imperative for individual ophthalmologists, group practices, institutional ophthalmology, and particularly laboratory researchers in ophthalmology and vision science, to come to grips with the seismic changes that will impact ophthalmology. Economic, societal, and legislative tectonic plates are moving as never before with respect to each other and our field. But by means of a more rational deployment and coordination of assets, patient care, research, and resident and fellowship training, we should prosper, and with the advances made in this year alone, we have prepared the department for a continued leadership role well into the next century.

Frederick A. Jakobiec, M.D.
Chief of Ophthalmology



Report of the Chief of Otolaryngology

The quantity, diversity and quality of clinical care offered by the Department of Otolaryngology has continued to show steady improvement. Of particular note, the North Suburban Center for Otolaryngology-Head and Neck Surgery was opened in Stoneham, Massachusetts, this year. Professional staffing at the center includes: Drs. Thomas Klein, C. Edward Jackson, David Nash, Salah Salman, Steven Rauch, and Samir Bhatt. In addition, our Audiology Department, under the direction of Dr. Aaron Thornton and Janet Joseph, planned and executed a significant expansion of Audiology Services provided at this center. The Department of Radiology began to provide diagnostic radiology services at the facility in October. Opening this satellite center was a significant achievement for the Infirmary, and it could not have been accomplished without a major and successful cooperative effort between the hospital administration and many members of the Department of Otolaryngology.

In the clinical arena, Infirmary surgeons may now offer patients electrophysiologic monitoring of the facial nerve during surgery, thanks to Dr. Aaron Thornton who introduced and coordinates the Intraoperative Facial Nerve Monitoring Service. Under the direction of Dr. Michael McKenna, the Facial Nerve Center has been opened. This is a multi-disciplinary special clinic to provide care for individuals with acute and chronic disorders of the facial nerve. Through this service, we can offer these patients a significant improvement in our rehabilitative capacity.

The Audiology Department has been improving the quality and range of their services at the Infirmary. This year, the Cued-Speech Rehabilitation Service, the only one in the Boston area, was initiated. The department developed a second compact disc for consistent and reliable audiometric speech testing. In addition, members of the department created a model of a computerized workstation for audiometric testing. This instrument, when completed, will incorporate computer expert systems technology to improve clinical hearing testing and will facilitate the development of an audiometric data base to support clinical research.

The successful completion of the bond issue for the Infirmary promises to be a watershed and a significant adjunct to a variety of hospital and departmental missions. Bond related construction has already begun on outpatient services on the second floor. In particular, renovation of the cramped quarters for the Pediatric Otolaryngology Service is nearly complete. Other bond funded projects will include the construction of the Clinical Physiology Laboratory on the 11th floor to provide state-of-the-art testing of laryngeal function and disorders. A laboratory director will be named imminently. A new four bed Acute Care Unit on the 11th floor, which has been planned cooperatively by the Departments of Nursing and Otolaryngology, will provide significantly enhanced monitoring of post-operative patients in order to speed recovery following increasingly complex reconstructive procedures.

This year, several successful continuing medical education courses for practicing physicians were sponsored by the Department of Otolaryngology. Additional lectures and symposia, including the Alumni Association symposium and the HFS Society meeting, attracted attendants from around the country as well as from many foreign countries.

Members of the department have hegun or completed three clinical texts this year. A second edition of *Pathology of the Ear* by H.F. Schuknecht is under preparation. A new text, *Surgery of the Ear and Temporal Bone*, edited by J. Nadol and H.F. Schuknecht should be published in the summer of 1992. Another new text, *Surgical Anatomy of the Head, Neck,*

Chief af Radialagy Alfred L. Weber, M.D., (seated) and Radialagist Eugene W. Brawn, M.D., discuss the findings af a Magnetic Resanance Imaging (MRI) examinatian af the sinus area. The canstructian af a MRI Suite in 1991 significantly advanced the Infirmary Radialagy Department's imaging capabilities. The MRI device pravides the mast accurate clinical imaging available far depicting saft tissue withaut expasing a patient ta radiatian. A milestane af the praject was reached an September 8th, when warkers used a 200-faat tawer crane ta haist the 16-tan magnet up ta the Infirmary's sixth flaar.

Chief of Otoloryngology Joseph B. Nadol, Jr., M.D., (right) performs o tymponoplosty — repoir of on eordrum perforoted due to chronic middle ear infections — with Otoloryngology Resident Richord E. Gliklich, M.D., and ossisted by Surgicol Technicion Jean Phillips. Infirmary surgeons perform neorly 20,000 speciolized eye ond eor, nose, throot, heod ond neck procedures eoch yeor, moking the Infirmory third omong Mossochusetts hospitols for surgicol volume. Agoin in 1991, the Infirmory wos ronked omong the best hospitols in the notion for its speciolty core by *U.S. News and World Report.*

and Chest, written and edited by P. Janfaza, W. Montgomery, R. Fabian, and J. Nadol, has been commissioned by the Saunders Publishing Company. In addition to its residency training program, the department is cautiously increasing its clinical training by initiating a post-residency clinical fellowship in head and neck reconstructive surgery under the direction of Drs. William Montgomery and Mack Cheney, as well as a clinical fellowship in endoscopic sinus surgery under the directorship of Dr. Salah Salman. In 1992, a two-year research and clinical fellowship in otology and neuro-otology will be introduced.

The research efforts of the Department have continued to be successful in competing for National Institutes of Health funding. Of particular note is the development of two new laboratories: the Immunohistochemistry Laboratory under the direction of Dr. Joe Adams, and the Mosher Laboratory of Laryngology under the direction of Dr. James Kobler. This latter facility will allow experimental study of the anatomy and physiology of the upper air and food passages and should enhance our understanding of this complex system and eventually improve our capacity to treat patients with disorders of these functions. We are grateful for the establishment of the Elsie M. Bunker Research Endowment in Otology and for the contribution of $265,000 from the full-time and part-time staff, which will add to the research endowment of the department.

The year 1991 has seen progress in all areas of the department's commitment and mission, with substantial increases in patient volume and subspecialty expertise in the clinical and research areas. The department is grateful for the support of its patients, benefactors, research and clinical staff, and for the support of our managers and trustees who have made these efforts possible.

Joseph B. Nadol, Jr., M.D.
Chief of Otolaryngology







An Infirmary team led by (sitting l ta r) Treasurer Maynard Goldman, Executive Vice President Curtis Smith, and Vice President for Finance Peter J. Chinetti worked through the summer preparing a proposal for $50 million in tax-free bonds which were issued on September 13, 1991. The bond sale enabled the Infirmary to refinance $35 million in existing debt at a lower rate of interest and invest $15 millian in the renovation af clinical and research facilities over the next three years.

1991 marked a year of progress for research at the Infirmary. The National Institutes of Health (NIH) awarded Robert Kimura, Ph.D., a faur-year grant totaling mare than $1.2 million far his research on electron micrascopy af the inner ear. This is the 30th cansecutive year that Dr. Kimura has received NIH funding far his research.

The NIH also awarded Thaddeus P. Dryja, M.D., funding for his research on molecular genetics of retinoblastoma and chramosame 13. The award provides nearly $1.4 million in support af his research aver the next four years. In December 1991, Dr. Dryja, Eliot L. Berson, M.D., and their research team published a majar genetic finding related ta retinitis pigmentosa, an inherited eye disorder that is a leading cause of blindness in the United States. This team of researchers had been the first to isolate a gene responsible for some forms of this disease.

The Massachusetts Lions Eye Research Fund contributed their third gift of $140,000 to the Ophthalmology Department. The Lians have been funding aphthalmology research at the Infirmary far the past 30 years.

The Nursing Department initiated team practice groups in 1991. Through this practice model, staff nurses and designated physician representatives are warking as teams an all patient units ta continue improving communicatian and patient care. In addition, the Nursing Department appointed Frances Annand, R.N., M.Ed., as nursing education caardinatar in January, 1991. She has established a variety of innovative educational programs far nurses as well as non-nursing personnel at the Infirmary.

Jahn V. Donlan, Jr., M.D., was appointed chief of anesthesiology in April. He has been a member of the Infirmary's Department of Anesthesiology since 1974 and is currently president af the New England Society af Anesthesiologists.

Frances Nason, LICSW, director of social work and discharge planning, received the Harriet M. Bartlett Award from her alma mater, the Simmons School of Social Work. Each year the schaol honors a graduate who has written an outstanding paper in the field of social wark in health care.

Nelsan Y.S. Kiang, Ph.D., was the first scientist in the Eatan-Peabady Laboratary af Auditory Physiology when it was established at the Infirmary in 1957. Sir:ce then, he and other researchers in the EPL hava cantributed significantly to our present understanding af how we hear. Recently, the National Institute far Deafness and Other Communication Disarders approved a new graduate pragram with the Harvard Medical School and the Massachusetts Institute of Technology in which the Infirmary will play a key role. The program each year will suppart seven doctaral candidates in the speech and hearing sciences. In a few years many af these students will be warking on thesis research in Infirmary labaratories.



Throughout 1991, many departments worked together to implement the Infirmary's new GTE mainframe computer system. The three-phase process linked the patient care, medical records, and financial areas. The third and final phase of the computer upgrade, the "Order Communications" system, was completed in October. This new system allows physicians and nurses to send test orders directly to ancillary testing areas, such as radiology and the clinical laboratories, and to review test results immediately via computer terminals located throughout the hospital.

The Infirmary developed three new satellite facilities in 1991. Thomas R. Klein, M.D., joined the Department of Otolaryngology full-time staff and began seeing patients at the Infirmary's new North Suburban Center for Otolaryngology-Head and Neck Surgery in Stoneham, MA, in June. In September, otolaryngologists C. Edward Jackson, M.D., and David E. Nash M.D., also joined the full-time staff and began seeing patients there. The Center is now complete with an audiology service, a radiology suite, and a hearing aid center.

The Massachusetts Eye and Ear Infirmary Methuen Eye Center was licensed as a patient care facility in September, 1991. The Center was established to provide easier access to the Infirmary's eye services for patients from central and northern New England. Subspecialties available at the Center include cornea, diabetic retinopathy, glaucoma, neuro-ophthalmology, oculoplastics, ophthalmic oncology, pediatric ophthalmology, and retina. Members of the Infirmary's full- and part-time medical staffs see patients at the Center.

The Eye Plastics and Orbit Center, a unique and intensive diagnostic and treatment facility specializing in problems relating to eye plastics and orbital disease, was organized at 50 Staniford Street, Boston, in early December. The Center incorporates a Lacrimal Service, directed by Francis C. Sutula, M.D.; an Ocular and Orbital Oncology Service, directed by Frederick A. Jakobiec, M.D., with Daniel M. Albert, M.D.; a Plastic and Reconstructive Surgery Service, directed by Peter A.D. Rubin, M.D.; and a Thyroid Orbital Service, directed by Richard L. Dallow, M.D. John W. Shore, M.D., is Medical Director of the Eye Plastics and Orbit Center.

More than 200 employees and family members participated in activities ranging from volleyball games and sack races to hula hoop contests at the Infirmary Picnic on July 24. Sports events in 1991 included the Infirmary's eighth consecutive year entered in the Manufacturers Hanover Corporate Challenge Road Race. Employees also took to the basketball court during The United Way Bandaid Tournament and to the softball diamond, challenging the Massachusetts Department of Public Welfare to several games.



B Thomas Hutchinson, M.D., was named president-elect of the American Academy of Ophthalmology at the Academy's annual meeting in October 1991. The Academy is the largest organization of eye physicians in the world.

On November 16, the Infirmary provided free eye screenings for senior citizens. Infirmary ophthalmologists and employees, as well as undergraduates from nearby Massachusetts Institute of Technology, volunteered to staff the eye screening, which was co-sponsored state-wide by the Massachusetts Society of Eye Physicians and Surgeons and the Massachusetts Executive Office of Elder Affairs. The event attracted 115 people who had their eyes tested for cataracts, glaucoma, macular degeneration, and visual acuity.



Infirmary physicians continued their involvement in public health education by providing expert commentary on issues relating to eye, and ear, nose, and throat-head and neck disorders to members of the media during 1991. Chief of Otolaryngology Joseph B. Nadol, Jr., M.D., appeared on the ABC News program "20/20" to give an expert description of vestibular disorders. Roland D. Eavey, M.D., and Borbaro S. Herrmann, Ph.D., spoke at an Infirmary new conference announcing the results of the first pediatric cochlear implant performed in New England. Both regional and national newspapers, as well as two local television news programs, covered the story. George E. Garcia, M.D., was quoted in a *New York Times* article on presbyopia that was published in numerous newspapers throughout the United States. Arthur Lauretano, M.D., was interviewed for an Infirmary-produced health column on earwax. The column was featured in newspapers across the country and Canada. Bradford Shingleton, M.D., wos cited in a *Ladies' Home Journal* report on eye drops.

The Ladies Visiting Committee held "Diamonds and Denim," a benefit for the hospital, on April 20 at the Harvard Club in Boston. Participants dressed in western attire and square danced to country western music amidst decorations evocative of the old west. Mrs. Gary Borodic, LVC vice president, chaired the event. The LVC also organized a sock hop in September to benefit Infirmary patient support services such as social work and the child life program.



The construction of a Mognetic Resonance Imaging (MRI) Suite significantly advonced the Radiology Department's imaging capabilities. The MRI device provides the most occurote clinical imaging avoilable for depicting soft tissue without exposing a patient to radiation. This type of imaging significantly enhances physicians' diagnostic capabilities in identifying the diseases that ore most often treated at the Infirmary. A milestone of the project was reoched on September 8, when workers used a tower crane to lift the 15-ton MRI magnet onto the Infirmary's sixth floor.

Daniel Miller, M.D., eemed member of the Infiry's otolaryngology staff since 43, (pictured at left with the LeRoy A. Schall, M.D.) died ncer on October 14, 1991. utstanding speciolist in his Miller trained a generation mary residents in head eck surgery. The Daniel Lectureship was established honor in 1989 and is held y at the Infirmary.



1991 Employee Stars



January
Benjomin Michael Alleyne
Enviranmentol Services



February
Lawrence N. Tucker
Enviranmental Services



March
Leslie Dennis
Develapment ond Public Affoirs



April
Betty Treonar
Pediotric Otoloryngology Service



May
Gayl Perry
Sacial Wark and Dischorge Plonning



June
Helen Narian
Emergency Room



July
Linda Belkner, R.N.
Nursing - Heod and Neck Oncology Unit



August
Jacinta Borges
Environmental Services



September
Kevin Lee
Enviranmentol Services



October
Barbara Carasquilla
Nursing - Ambulatary Surgery Unit



November
Bab Ellis
Safety, Security, and Parking



December
Annobelle Shields
Nursing - Ambulatary Surgery Unit

In 1991, the Mossochusetts Eye and Eor Infirmary completed a moinframe computer canversian to upgrade infarmatian processing capabilities far every hospital deportment.

Leading the 10-manth canversion progrom were (l to r): Ruth Waltan, R.N Peter Chinetti, Phillip Johnson, ond Roy Lightfoot (seoted).



Medical Staff

Active Staff

Chief of Ophtholmology
Frederick A. Jakobiec, M.D.

Associote Chiefs of Ophthalmolagy
Donald J. D'Amico, M.D.
George E. Garcia, M.D.
John W. Shore, M.D.

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Fayette C. Root, M.D.

Associote Anesthesiologists
Malcolm J. Heslop, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistont Anesthesiologists
Martin A. Acquadro, M.D., D.M.D.
Thomas P. Beach, M.D.
Lynne R. Ferrari, M.D.
Brendan P. Garry, M.D.
T. Gordon McNabb, M.D.
Tuan Xuan Nghiem, M.D.

Assistonts in Anesthesiology
Gail D. Grunberg, M.D.
Ilya Malikin, M.D.

Associate Staff

Assistonts in Anesthesiology
Ismail S. Sensel, M.D.
Susan A. Vassallo, M.D.

Medical Unit

Chief of Medicol Unit
Robert A. Hughes, M.D.

Philip Amrein, M.D.
Ann S. Baker, M.D.
Claire Bloom, M.D.
Christopher M. Coley, M.D.
Gary Curhan, M.D.
Carol Ehrlich, M.D.
Joseph Eron, M.D.
Joel Finkelstein, M.D.
Mark Hibberd, M.D.
Patricia Hibberd, M.D.
Ruth Liberfarb, M.D.
Mary E. Manning, M.D.
Kathryn Martin, M.D.
Samuel Miller, M.D.
Allan E. Pineda, M.D.
Peter Slavin, M.D.
Ann E. Taylor, M.D.
Maureen R. Tierney, M.D.
Bruce D. Walker, M.D.

Director of Dietary Herbert Kirshnit chats with First Caak Rennie Crawe in the Infirmary kitchen. In 1991, the Dietary Department surpassed $1 million in revenue and served nearly 500,000 meals thraugh its cafeteria and catered events. In additian, the department pravides quality dietetic services to Infirmary inpatients.



Trustees

As of December 4, 1991

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1951 Melville Chapin
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1967 John M. Lord, *Emeritus*
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1983 Joseph M. Linsey
1983 John F. Palmer
1983 Manuel Rosenberg
1983 Wayne D. Thornbrough
1983 Charles T. Wood
1984 Sheldon A. Buckler, Ph.D.
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1986 Thomas M. Claflin, II
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1986 W. Morton Grant, M.D.
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1986 Brendan D. Leahey, M.D.*
1986 Peter S. Lynch
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1986 Malcolm L. Sherman
1986 John J. Lynch
1987 Ann G. Hill
1987 Susan Morse Hilles
1987 Winthrop G. Minot
1987 William C. Shepherd
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1987 Ben Wunsch
1988 Harold Alfond
1988 Richard W. Blackburn
1988 William H. Darling
1988 Raymond E. Desautels
1988 John O'Sullivan Francis
1988 Professor Mary Ann Glendon
1988 George J. Guilbault
1988 Charles F. Kiefer, III
1988 Winthrop Knowlton
1988 Timothy J. Lord
1988 Raymond F. Murphy, Jr.
1988 Neil St. John Raymond
1988 William E. Roman
1988 Kenneth R. Rossano
1988 Ralph F. Verni
1989 Alan J. Dalby
1989 Kenneth Gropper
1989 Michael P. Last
1989 William G. Lavelle, M.D.
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1989 J. Louis Newell, Jr.
1989 David W. Young
1990 Jean-Pierre Garnier, Ph.D.
1990 Jackie L. Jenkins-Scott
1990 Renee M. Landers
1990 Ketty A. Saez
1990 May Ling Tong
1991 Professor Elliot L. Atamian
1991 Rufus L. Grason
1991 W. Gerald Austen, M.D.
1991 James F. Sullivan

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Maynard Goldman, Treasurer
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Diane E. Kaneb
Richard A. MacKinnon
George J. Rabstejnek
Mrs. Ernest J. Sargeant
Cathleen Douglas Stone †

** Deceased*

Year indicates date of election to Board

† Governor's appointee

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Vice President far Finance
Peter J. Chinetti

Vice President far Human Resaurces
Martha R.A. Fields

Vice President far Patient Services
Carol A. Covell, R.N., M.S.

Vice President far Suppart Services
A. Joseph Castellana

General Caunsel
Barbara F. Katz

Administrative Directar far Ophthalmalagy
Javier Balloffet

Administrative Officer far Otalaryngalagy
Jean MacQuiddy

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Audialagy
Aaron Thornton, Ph.D., Director

Audia Visual Services
Richard Fleischer, Director

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Richard Congdon, P.E.C.C.E., Director

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Jane Bearden, Technical Director

Develapment
Joan Romanition, Acting Director

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Kevin Lee, Director

Eye Pathalagy Labaratary
Margarita Digiosa, Laboratory Supervisor

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Vincent Pafumi, Director of Construction Management

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Margaret Bourgeois, Director of Budget and Reimbursement
Phillip Johnson, Controller

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J. Christopher Nims, Director

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Jeanne Benoit, Director

Infectian Cantral
Sue Corbett, R.N.

Infarmatian Systems
Roy Lightfoot, Director

Internal Audit
Carole Owen

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Mary Ellen Doyle, Otolaryngology Business Manager
Daniel Joyce, MEEA Controller

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Douglas Simonton, Director

Radialagy
George Carozza, Technical Director

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Carl Finn, Director

Safety and Telecammunicatians
John McGillivray, Director

Scheduling
Kathleen Provenzano, Manager

Sacial Wark and Discharge Planning
Frances Nason, Director

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Ruth Doyle, Manager

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Mrs. Rosanne Ring
Mrs. Ruth M. Doyle

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Mrs. Joseph B. Nadol, Jr.

First Vice President
Mrs. Salah D. Salman

Second Vice President
Mrs. Gary Borodic

Treasurer
Mrs. Rosanne Ring

Secretary
Mrs. Phyllis Eliot

Restricted Funds Balance Sheet
September 30, 1991

Foundation of the Massachusetts Eye and Ear Infirmary, Inc.

Assets

Specific Purpose Funds:	
Cash and Equivalents	$640,225
Grants and Contracts Receivable	$104,020
Investments at Cost	
(Quoted Market Value: $7,753,087)	$7,134,316
Due From Other Funds	$3,065,537
Total	**$10,944,098**

Endowment Funds:	
Cash and Equivalents	$30,654
Investments at Cost	
(Quoted Market Value: $28,288,778)	$24,971,878
Notes Receivable	$4,958,000
Due From Other Funds	$552,359
Total	**$30,512,891**

Liabilities and Fund Balances

Specific Purpose Funds:	
Due to Other Funds	$15,141
Fund Balances	$10,928,957
Total	**$10,944,098**

Endowment Funds:	
Fund Balances:	
Income Restricted	$8,334,320
Income Unrestricted	$15,409,304
Quasi-endowments	$2,189,064
Equity in Undistributed Security Pool Gains	$4,580,203
Total	**$30,512,891**

The unrestricted and restricted funds include the following activity for the year:

Income From Investments	$2,939,726
Gifts and Bequests:	
Unrestricted Funds	$1,144,292
Restricted Funds	$1,189,339

Unrestricted Funds Balance Sheet
September 30, 1991

Foundation of the Massachusetts Eye and Ear Infirmary, Inc.

Current Assets	Cash		$669,696
	Assets whose use is limited under indenture agreement — required for current liabilities		$9,153,499
	Pooled Investments		$1,423,317
	Accounts Receivable	$26,970,680	
	Less Allowance for Doubtful Accounts	($8,305,000)	
			$18,665,680
	Inventories		$622,104
	Prepaid Expenses		$4,057,566
	Miscellaneous Accounts Receivable		$862,572
	Due From Specific Purpose Funds		$14,079
	Total Current Assets		**$35,468,513**
Other Assets	Board Designated Assets		$31,980,662
	Deferred Financing Costs (Net of Amortization)		$1,030,387
	Property, Plant and Equipment	$104,024,346	
	Less Accumulated Depreciation	($46,479,823)	
			$57,544,523
	Construction in Progress		$3,479,948
	Total Other Assets		**$94,035,520**
	Total Assets		**$129,504,033**
Current Liabilities	Current Installment on Long-term Debt		$13,736,284
	Accounts Payable		$8,982,936
	Accrued Expenses		$3,978,153
	Due to Other Funds		$3,616,834
	Due to Third Parties		$14,261,511
	Total Current Liabilities		**$44,575,718**
Other Liabilities and Fund Balance	Rental Deposits		$9,751
	Long-term Debt, Less Current Portion		$51,627,694
	Note Payable to Other Funds		$4,958,000
	Professional Liability Reserve		$2,134,000
	Fund Balance		$26,198,870
	Total Other Liabilities and Fund Balance		**$84,928,315**
	Total Liabilities and Fund Balance		**$129,504,033**

Massachusetts Eye and Ear Infirmary

Net Patient Revenue	Net Patient Service Revenue	**$58,332,716**
Other Operating Revenue	(Including $12,486,785 from Research and Other Specific Purpose Funds)	$25,472,963
	Total Operating Revenue	**$83,805,679**
Operating Expenses	Patient Service (Including Depreciation)	$71,004,978
	Research and Other Specific Purpose	$12,486,785
	Total Operating Expenses	**$83,491,763**
	Income From Operations	**$313,916**
	Non-operating Revenue (Net of Expenses)	$1,113,226
	Excess Revenue Over Expenses	**$1,427,142**



The Infirmary allocated $15 million from the proceeds of its bond issue last fall for the renovation and improvement of clinical and research areas such as the Pediatric Otolaryngology Service on the second floor, pictured here.

Massachusetts Eye and Ear Infirmary

Inpatient Hospital 101 Beds

FISCAL 1990-1991	1991	1990
Admissions:		
Eye Patients	4,887	4,960
ENT Patients	3,414	3,806
Total Admissions	**8,301**	**8,766**
Operations:		
Eye Staff	4,476	4,557
ENT Staff	2,963	3,346
Total Operations	**7,439**	**7,903**
Discharges	8,179	8,798
Patient Days	20,620	23,196
Average Patient Census	56	64
Average Length of Stay	2.48	2.65
Bed Utilization	56%	56%

Ambulatory Surgery

Eye Cases	12,178	10,675
ENT Cases	3,979	3,632
Total	**16,157**	**14,307**

Outpatient Department

Ophthalmology:		
General Eye	18,047	20,239
Glaucoma	10,892	10,954
Cornea	13,606	8,678
Retina (Including Immunology)	14,517	12,645
Ocular Motility	3,104	3,169
Contact Lens	2,707	2,185
Eye Pediatric	1,524	637
Eye Plastic	2,117	2,506
Total	**66,514**	**61,013**
Otolaryngology:		
Stoneham Satellite Facility	2,597	0
General ENT	10,685	11,004
Head and Neck	731	714
Otology	1,466	1,146
ENT Pediatric	1,448	1,535
ENT Plastic	660	673
ENT Staff Associates	20,512	16,254
Allergy	1,667	1,440
Total	**39,766**	**32,766**
Total Outpatient Visits	**106,280**	**93,779**

Emergency Ward

Total Visits	**34,186**	**32,342**

Special Services

Audiology	10,948	9,758
CT Scan	5,352	5,364
Electroretinography	1,984	1,922
Fluorescein	5,917	5,915
Hearing Aid Center	3,186	2,918
Laboratories:		
Bacteriology (Cultures)	19,478	14,315
Clinical Laboratory (Procedures)	80,504	105,962
ENT Pathology (Specimens)	6,413	5,143
Eye Pathology (Specimens)	11,352	12,200
Frozen Section Laboratory	1,430	1,385
Neuro-Ophthalmology	2,624	2,450
Occupational Therapy	959	909
Optical Shop	4,901	4,868
Pattern Evoked Response	2,634	2,409
Radiology (Exams)	12,882	15,232
Ultrasonography	1,855	1,895
Vestibular Laboratory	2,771	2,490
Vision Rehabilitation	1,165	1,189

Donors

Nomed for Edward Reynolds, M.D. (1793-1881), co-founder of the Infirmory, the Reynolds Society was estoblished in 1986 to honor those individuols who contribute $1,000 or more to the hospitol within a fiscol yeor. In fiscol year 1991, the Reynolds Society included donors to the Infirmory Fund, the annual giving progrom of the Mossochusetts Eye ond Ear Infirmory, os well as donors who designoted their gifts to o specific orea of interest. The hospitol would like to thonk the following members of the Reynalds Society who mode gifts between October 1, 1990 ond September 30, 1991:

Sustaining Member

(Gifts of $10,000 or more)

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Mrs. Susan Morse Hilles
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(Gifts of $5,000-$9,999)

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Mr. Stephen D. Fish
Mr. and Mrs. J. Frank Gerrity
Mrs. Hamilton H. Kellogg
Carolyn and Peter Lynch
Mr. and Mrs. William C. Shepherd
Mrs. James A. Tilden

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(Gifts of $2,500-$4,999)

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Mr. and Mrs. John C. Kane, Jr.
Mr. and Mrs. Raymond Iskandar Najjar
Perry Rosenthal, M.D.
Dr. and Mrs. Aaron R. Thornton
Mrs. Elmer J. Toth

Member

(Gifts of $1,000-$2,499)

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Mr. and Mrs. Alexander Bernhard
Dr. and Mrs. Yale J. Berry
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Dr. and Mrs. Eliot L. Berson
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Mr. and Mrs. Kostas Kolizeras

* *Deceased*

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Peter R. Laibson, M.D.
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Mr. Kenneth S. Leach
The Drs. Simmons and Irma Lessell
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Dr. and Mrs. Byron S. Lingeman
Dr. and Mrs. John I. Loewenstein
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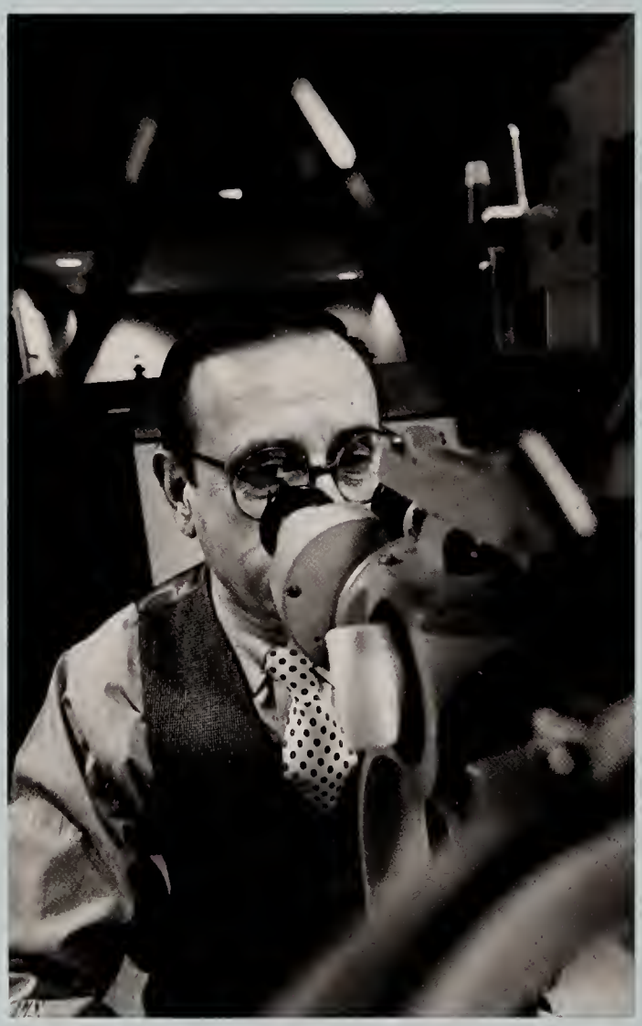
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Retino speciolist Johanna M. Seddon, M.D., director of epidemiology and program director of the Age-Reloted Eye Diseose Study (AREDS) ot the Infirmary, exomines the eyes of WBZ-AM talk show host ond AREDS volunteer Dave Moynord. AREDS is a national ten-year study investigating mocular degeneration, a leoding couse of blind-ness in older Americons. The Infirmary is the only AREDS center in New Englond.

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Adam Lemay, 4, pictured here with his mother Marlene Lemay, is the first child to receive a cochlear implant in New England. Roland D. Eavey, M.D., director of pediatric oto-laryngology at the Infirmary, performed the five-hour procedure on Adam, who was deafened by bacterial meningitis when he was 20 months old. A cochlear implant is a surgically placed device which transmits sound directly to the cochlea in the inner ear. The sound stimulates the hearing nerve through electrodes which are permanently implanted in the cochlea.

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George Simmons, P.D.G., immediate past President of the Massachusetts Lions Eye Research Fund, Inc., (left) presents a check for $140,000 to Infirmary Chief of Ophthalmology Frederick A. Jakobiec, M.D. Over the past 34 years, the Massachusetts Lions have contributed more than $2 million to eye research at the Infirmary.

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Children are special at the Infirmary. More than 12,000 pediatric patients were treated at the Infirmary in 1991. Here, one-year-old Andrew Teumer waits in the O.R. 20 playroom for ventilating tubes to be inserted to help clear his recurrent middle ear infections.

Information for Bequests

Over the years, many people have supported the Infirmary with gifts through a bequest. Such gifts have been the single greatest source of support for advancements in research and patient care.

In most cases, the following language can be adopted to provide a gift in your will:

"I give ($_____, or _____%, or all of the remainder of my estate) to the Foundation of the Massachusetts Eye and Ear Infirmary, Inc., to be used for such of its purposes as may be directed by the Foundation's Board of Directors."

At your request, the Office of Development will provide information about the tax implications of a gift through your will, as well as help with any other questions you might have about specific uses for your gift. Please contact the Development Office at (617) 573-3345. All inquiries will be handled on a confidential basis.

1991 Annual Report

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Massachusetts Eye and Ear Infirmary

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Massachusetts Eye and Ear Infirmary
1992 Annual Report

The Infirmary continues to be a pioneer in research in the fields of ophthalmology and otolaryngology. ▶ Each year the Infirmary receives more than $8 million in support from a range of sources, including individuals, foundations, corporations, and federal agencies such as the National Institutes of Health. Pictured here, researcher and clinician Janey L.Wiggs,M.D., Ph.D., is currently involved in a study tracing the genetic origin of glaucoma. Glaucoma, a disease that can cause elevated pressure levels and nerve damage within the eye, is the third leading cause of blindness among adults in the United States.





Report of the Chairman of the Board

Alexander A. Bernhard

1992 was a year of change, achievement, and optimism. A notable accomplishment was the appointment of our new president, F. Curtis Smith, who had been serving as the Infirmary's Executive Vice President since 1990. On behalf of the Board, I congratulate him and anticipate a successful future for the Infirmary under his leadership and the leadership of Dr. Joseph B. Nadol, Jr., Chief of Otolaryngology, Dr. Frederick A. Jakobiec, Chief of Ophthalmology, and our other medical staff leaders.

In 1992, we also met our budget targets and operated the Infirmary on a break-even basis for the second consecutive year. This deceptively simple statement represents an intense effort by every manager, employee, and physician who participated in a collaborative approach to turning around the deficit practices of the recent past. I am also pleased to report that by operating the hospital on a breakeven basis we achieved a $4 million increase in the endowment of the Foundation of the MEEI, Inc., the entity which owns the Infirmary. These are funds that will be available to invest in our future. Congratulations to everyone at the Infirmary who contributed to this effort.

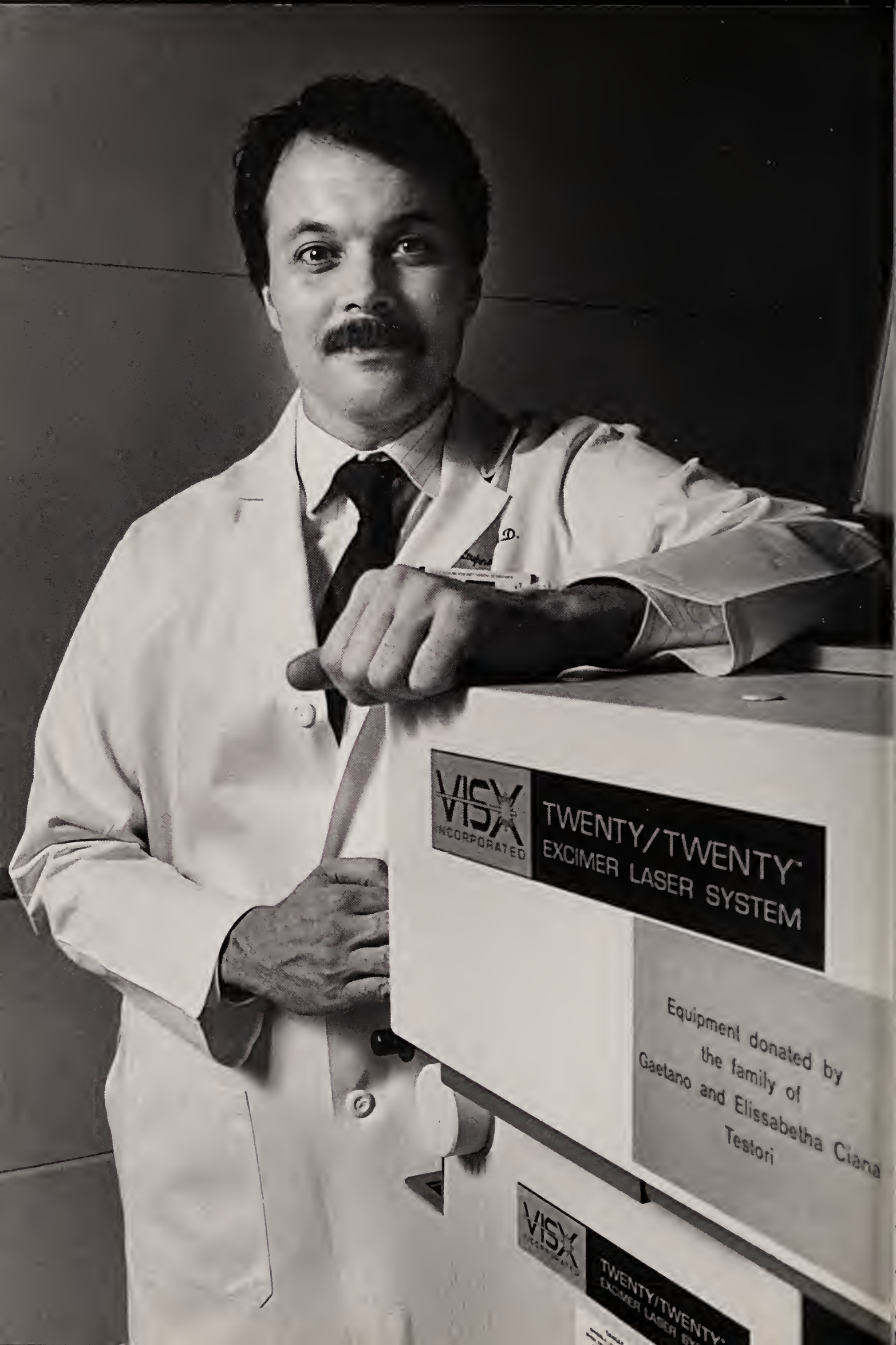
The fiscal successes of the past two years also reveal the renewed spirit of accomplishment that has infused the Infirmary. We are now focusing on appropriate priorities and future strategies. To strengthen this process the Board recently completed a two-day retreat at which it reviewed all of the Infirmary's activities. Based on this review, the Infirmary's management is implementing managed care initiatives, establishing new programs, and moving ahead with sorely needed renovations to the physical plant. In addition, the Infirmary is reaffirming its commitment to excellent specialty care, teaching, and research through the projects described in the reports that follow.

Having just finished a series of meetings with the heads of the Infirmary's major departments, I can attest firsthand to the extraordinary dedication of the men and women who are carrying out the Infirmary's mission to do all that is possible for those who suffer from disorders of the eye, ear, nose, throat, head, and neck. I particularly wish to acknowledge the invaluable contributions provided by two distinguished prior chairmen: Melville Chapin, who retired from the Infirmary's Board in December after more than 40 years of selfless leadership, and Thomas Reardon, an acknowledged expert in health law who, fortunately, will continue on our Board as the Chairman of the Foundation. I also wish to acknowledge the invaluable contributions of our other Directors who have completed their terms: Maynard Goldman, John C. Kane, Jr., Hélène K. Sargeant, and Robert T.P. Storer, Jr.

Undeniably, there is a great deal of uncertainty ahead for the Infirmary and for all healthcare providers. The policies of our new national administration are still unfolding. The long-term effects of Massachusetts healthcare deregulation, enacted in 1991 to make healthcare delivery more efficient through competition, are still unknown. The growing impact of the managed care environment, particularly on specialty hospitals, has yet to be measured.

Whatever the future may bring, however, we are in a stronger position than at any time in the recent past to meet the challenges of a volatile healthcare environment. We will continue to be the preeminent hospital in our specialties.

◀ With more than 14,000 pediatric patients seen in 1992 alone, children are an important part of the Infirmary's patient population. The Infirmary's commitment to the pediatric patient is embodied in the Child Life Program, which brings a family-centered approach to medical care by encouraging parental participation in all aspects of the child's hospital experience. Here, Anesthesiologist Gail Grunberg, M.D., prepares four-year-old Edward Chotkowski for ear tube implants. The tubes will help to ease the threat of Edward's recurrent middle ear infections by promoting drainage in his middle ear.


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Report of the President

F. Curtis Smith

The mission of the Massachusetts Eye and Ear Infirmary provides a clear directive to everyone associated with the Infirmary to strive for excellence in our specialties in the areas of clinical care, teaching, research, and community support. I am pleased to report that we achieved great success in 1992 in fulfilling that mission while also achieving a balanced budget.

Patient Care

The following are just some of our achievements in the clinical arena. Beginning in the fall, we installed our Magnetic Resonance Imaging device. During the winter, we purchased a sophisticated Doppler ultrasonic device to improve our ophthalmic diagnostic imaging capabilities for all Infirmary physicians. By the spring of 1992, protocols were nearing completion for testing of high myopia patients through the Cornea Service using the newly acquired excimer laser. In June, the Ophthalmic Genetics Diagnostic Laboratory opened. In July, Ophthalmologist Dr. Jack F. Bowers was named Medical Director of the Methuen Eye Center. In August, we dedicated the new Intermediate Care Unit on the 11th floor. By September, we had licensed an expanded Allergy and Immunology Center at 50 Staniford Street and welcomed Dr. Martin Ostro as the new Director of this service. In November, Dr. Robert Hillman and the staff of the new Voice and Speech Laboratory on the 11th floor began testing and research on laryngeal disorders. Clearly, 1992 was a productive year.

In keeping with our mission to serve the public, the Infirmary also undertook a number of community initiatives. For example, the Department of Ophthalmology has organized a series of free eye screenings. The Audiology Department staff has been providing free hearing aid checks twice weekly since last May. In addition, the Infirmary continues to provide free support groups for anyone with balance disorders, macular degeneration, glaucoma, cataracts, or dysphonia (voice disorders).

Education and Research Programs

The Infirmary's training programs continue to be the sine qua non in our specialties. Our residency training programs attract the most highly qualified medical students in the national residency match programs. Our clinical and research fellowship programs are among the largest in the world.

Several senior researchers were recognized during the year. Dr. Eliot L. Berson, Director of the Berman-Gund Laboratory for Retinal Degenerations, received the prestigious Friedenwald Award in recognition of his outstanding research on retinitis pigmentosa. Dr. Nelson Y.S. Kiang, Director of the Eaton-Peabody Laboratory of Auditory Physiology, will play a key role in a new National Institutes of Health (NIH)-sponsored graduate program with the Harvard Medical School and the Massachusetts Institute of Technology. The program will support doctoral candidates in the speech and hearing sciences. Dr. Kiang also received a competing continuation grant for studies of the auditory system. The grant totals more than $1 million annually through 1997. The NIH also renewed Dr. Robert Kimura's research support for the 35th consecutive year.

The next generation of researchers at the Infirmary are earning recognition for their investigations, as well. This year, researchers including Dr. Anthony Adamis, Dr. Evan Dreyer, Dr. Kristine Erickson,

◀ Michael Wagoner, M.D., Director of the Infirmary's Cornea Service, poses beside the department's new VisX excimer laser, a gift made possible through a bequest from former patient Hazel N. Testori. Wagoner and a team of Infirmary physicians are conducting F.D.A.-approved studies on laser surgery to treat moderate to high myopia and astigmatism as well as corneal disease. The Infirmary is one of only a few hospitals in the country conducting such tests with the excimer laser. In 1992, the Infirmary received nearly $1.6 million in support from bequests, which helps fund critical research programs such as the excimer study, as well as patient care and teaching programs.

Dr. Darlene Ketten, Dr. Michael McKenna, Dr. Saumil Merchant, and Dr. Janey Wiggs attracted new research funding from diverse sources such as private foundations and government agencies, in addition to NIH grants.

Resources

The Board, the Chiefs, and Administration are committed to providing the necessary resources, human and financial, to sustain the Infirmary's mission this year, this decade, and into the next century. I am also determined to pursue a collaborative approach with the trustees and the physicians to ensure that resources are allocated appropriately. To this end, we reactivated our physician/hospital organization, the Massachusetts Eye and Ear Infirmary and Physician Staff, Inc. (MeSH), in 1992 to renew existing contracts and to explore and attract managed care contracts advantageous to both the Infirmary and our medical staff. Ophthalmologist Dr. Elliot Finkelstein is currently serving as President of the MeSH. Working with our physicians, we will ensure that the Infirmary and its medical staff continue their roles as the premiere providers of specialty care in New England.

The Development Office has worked closely with our researchers and clinicians to attract financial resources in support of our work. This year, a bequest of $405,000 from the Testori Estate allowed the purchase of our ophthalmic excimer laser. The Amelia Peabody Charitable Fund contributed $300,000 toward the Peabody Endowment Fund for otologic research. The late Otolaryngologist Dr. Elizabeth DeBlois donated $176,000 through her estate, while the Massachusetts Lions Clubs again generously allocated $160,000 this year for eye research at the Infirmary. Finally, the late Mrs. William H. Claflin, II, provided a generous bequest of $300,000 to the Infirmary.

People at the Infirmary

We should recognize the many talented individuals at the Infirmary who take great pride in working each day to support our mission. Our employees, exemplified by this year's 13 Employees of the Month, are committed to our priorities of patient care, research, and education. Our nursing staff and operating room staff are national leaders in our specialties. Our technical, support, and administrative staff are motivated and innovative in providing the best possible environment for our patients. The accomplishments and talents of our physicians are internationally recognized. Our middle managers also are outstanding. They have worked creatively, flexibly, and intelligently to fulfill their commitment to operate the Infirmary on a break-even basis for two years in a row. But even while cutting any unnecessary costs to remain competitive in this market, we at the Infirmary still take pride in setting the standard for patient care in our specialties.

Finally, there can be a no more dedicated and hard-working group than our Board of Directors. Several of them completed their terms of service this year: Hélène Sargeant, Maynard Goldman, John C. Kane, Jr., and Robert T.P. Storer, Jr., have generously given their time on the Infirmary's behalf. Their talents will be sorely missed, but they will be pleased to know that, due in part to their efforts, the mission of the Infirmary will be carried forward.

Last June, I accepted the challenge to serve as President of the Massachusetts Eye and Ear Infirmary. And these are, no doubt, challenging times. Yet with the dedicated group of people at this incredible institution, I am confident of success for all of us. I look forward to working with all of you to make the Infirmary better than ever.

Brenda Woodbury, R.N., C.P.A.N., attends patient Lorraine Paratelidis in the newly-constructed Intermediate Care Unit (IMCU) on the Infirmary's 11th floor. The Infirmary's capacity to care for its increasingly complex inpatient population was significantly enhanced by the opening of this unit in August 1992. A number of nurses, dedicated to the unit and specially trained using the state-of-the-art, acute-care equipment, provide a nurse-to-patient ratio of 2:1 for the Infirmary's seriously ill patients. ▶


11TH

Report of the Chief of Otolaryngology

Dr. Joseph B. Nadol, Jr.

Our ability to provide high quality outpatient care was significantly enhanced this year by renovations to the second floor outpatient facilities. In addition, this was the first full year of service at our North Suburban Center for Otolaryngology-Head and Neck Surgery in Stoneham. In total, our outpatient census grew in 1992 by 33%.

Patient Care and Clinical Staff

The Department is now in the planning phase of a significant renovation and enlargement to Audiology Services at the Infirmary. Already, the service has expanded beyond the Infirmary by working with several community hospitals in an effort to promote universal hearing screenings for newborns. The first such program in New England was initiated in September in conjunction with Mount Auburn Hospital in Cambridge.

The Department also opened several new specialty centers in 1992, including the Voice and Speech Laboratory, directed by Dr. Robert Hillman, and the Allergy and Immunology Center, directed by Dr. Martin G. Ostro. Finally, in conjunction with our colleagues at Massachusetts General Hospital, the Department has developed a Cranial Base Center involving the Departments of Otolaryngology, Neurosurgery, and Radiation Oncology.

The Department's and hospital's capacity to care for our increasingly more complex inpatient population also has been significantly enhanced by the opening of the Intermediate Care Unit in August 1992. This four-bed unit provides a nurse-to-patient ratio of 2:1 for our seriously ill patients.

Research and Training

This year the Department was successful in competing renewals of two Program Project Grants funded by the National Institute on Deafness and Other Communication Disorders, one in Auditory Physiology in the Eaton-Peabody Laboratory and the other for basic and clinical research on cochlear implants. In addition, members of the Department successfully competed for several new grants and contracts, including:

- a contract for the development of an improved speech processor for cochlear implant patients;
- a study to better quantify and treat immune disorders of the inner ear;
- a study of means of diagnosis and treatment of perilymph fistula;
- comparative anatomy of the inner ear; and
- a contract to develop a National Temporal Bone Hearing and Balance Pathology Resource Registry based at the Infirmary and working in collaboration with university-based research laboratories nationwide.

In September, a new graduate program in Speech and Hearing Sciences, co-sponsored by the Department of Otolaryngology, the Harvard Medical School, and the Massachusetts Institute of Technology accepted its first eight students. This unique program will train individuals for a career

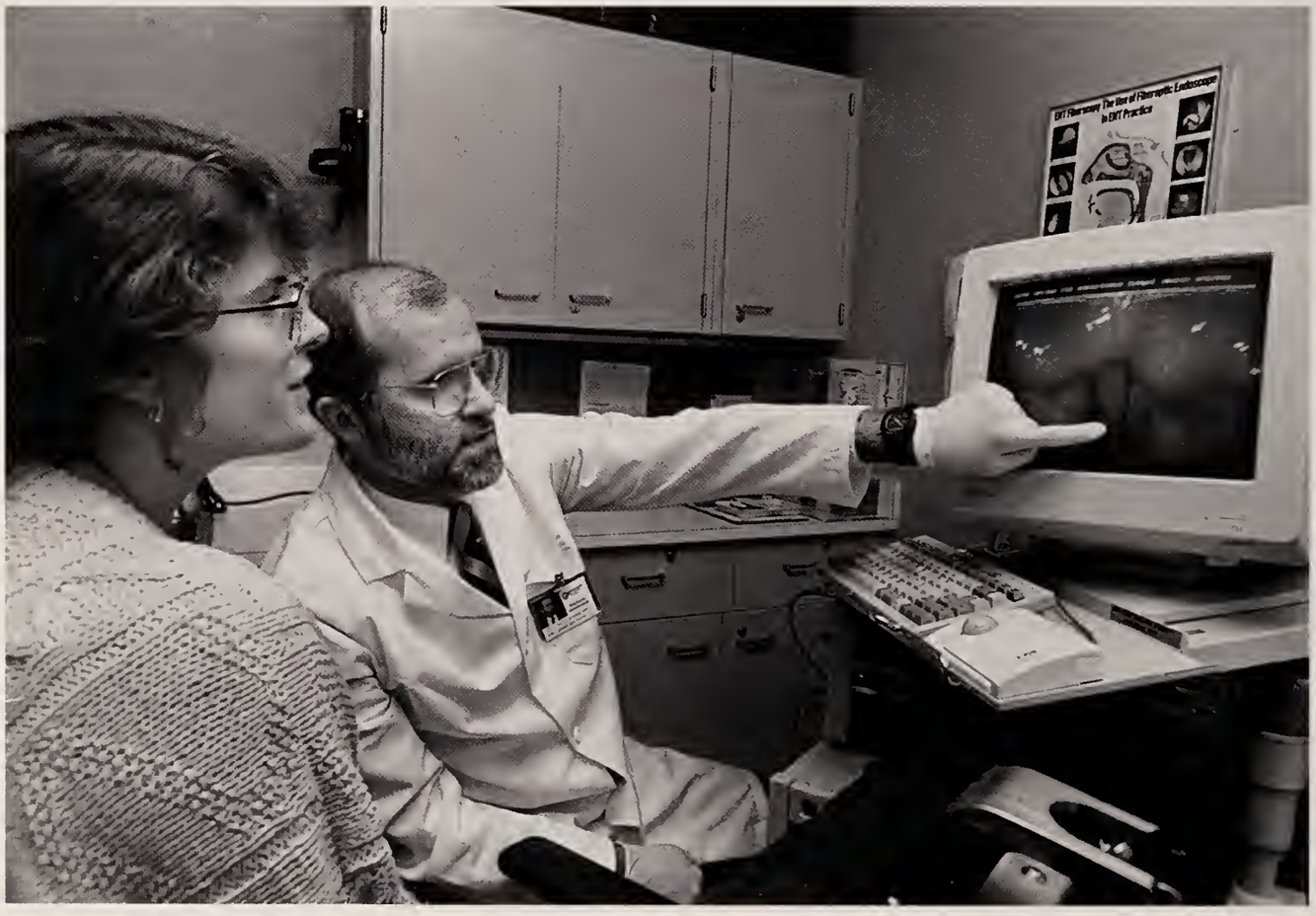
The Infirmary has affiliations with most area health plans. The Harvard Community Health Plan (HCHP), Massachusetts' largest HMO, has been associated with the Infirmary since 1983. In 1992, HCHP specialists performed more than 1,600 eye and ear, nose, throat, head, and neck procedures at the Infirmary. Pictured at right, HCHP Otolaryngologist Michael Williams, M.D., repairs a patient's soft palate in the Infirmary's major operating rooms. ▶



in research in the hearing and speech sciences and promises to develop a cadre of researchers uniquely trained to address significant problems that remain in the diagnosis and management of patients with these disorders.

Our training programs for our 18 surgical residents and 13 research fellows continue to attract outstanding candidates nationally and internationally. A Task Force to evaluate the teaching service in otolaryngology at the Infirmary was established in 1992 and is charged to evaluate methods of further enhancing the continuity of care for our patients and training opportunities for residents and fellows in the Department.

There has been a substantial increase in both the quality and quantity of clinical care provided, in the depth of our research programs, and in the subspecialty expertise that can be offered to our patients. The Department is grateful for the support of its patients, benefactors, research and clinical staff, and for the support of our Directors and Trustees who have made these efforts possible.



▲ Voice and Speech Laboratory Director Robert Hillman, Ph.D., reviews vocal test procedures with Heidi Lepkowski, a member of the laboratory staff. In November, Dr. Hillman began seeing patients in the new facility in order to diagnose and treat voice and speech disorders such as vocal nodules and contact ulcers. The laboratory is one of only a few in the country to combine clinical care with an active research program for voice and speech disorders.

Report of the Chief of Ophthalmology

Dr. Frederick A. Jakobiec

Plans and projects that have been germinating for the past several years at the Infirmary and the Harvard Medical School Department of Ophthalmology are now coming to fruition.

Clinical Services

The Retina Service, under the direction of Dr. Evangelos Gragoudas, has seven full-time members conducting a wide range of clinical, laboratory, and laser research. Funding from the 1991 bond issue has permitted the construction of a brand new 8,700 square foot Retinal Clinical Center contiguous to the 5,600 square foot Morse Laser Center. The new Clinical Center will possess the latest diagnostic equipment including Doppler ultrasonography and indocyanine green fluorescein angiography. The remainder of the ophthalmic outpatient facilities at the Infirmary will also be totally renovated under the administrative supervision of Associate Chief of Ophthalmology, Dr. John W. Shore.

The Cornea Service, under the direction of Dr. Michael Wagoner, is now implementing three protocols with the VISX excimer laser for refractive and therapeutic surgery of the cornea. Dr. Jonathan Talamo was recruited this year to coordinate and expand these and other projects in keratorefractive surgery. Dr. Anthony Adamis has been funded by the National Institutes of Health (NIH) for imaginative and clinically relevant collaborations with Dr. Judah Folkman on corneal neovascularization. Dr. Adamis also has assumed the position of Director of the Residency Training Program and succeeds Dr. Frank Berson, who resigned after 10 years of superlative service because of his increasing responsibilities as Chief of Ophthalmology at the Beth Israel Hospital. The departmental project to produce a comprehensive textbook entitled *The Principles and Practice of Ophthalmology*, edited by Dr. Daniel M. Albert and me, was launched three years ago and is presently being printed by the W.B. Saunders Company. Three hundred and sixty authors and coauthors, the majority of whom are present or past faculty members or trainees of the Infirmary or the Harvard Medical School, contributed 450 chapters that will comprise six printed volumes, each of approximately 1,000 book pages. This is the largest medical book enterprise in the history of the publisher.

Faculty Appointments

Dr. Thaddeus Dryja has been promoted to full professor of ophthalmology, and succeeds Dr. Daniel Albert as Director of the Cogan Ophthalmic Pathology Laboratory. Dr. Albert's colleagues at the Infirmary congratulate him and wish him success on becoming Chairman of the Department of Ophthalmology at the University of Wisconsin in Madison.

Several other important faculty searches are nearing completion, including at the professorial level for a molecular geneticist and a laser biophysicist devoted to laser/tissue interactions. We expect to appoint a new Clinical Director of the Glaucoma Service in the near future, as well. This year, we were fortunate to have recruited Drs. Janey Wiggs


WILD

and Peter Netland for the Glaucoma Service, both of whom are conducting active clinical and laboratory research programs with a focus on therapeutic protocols, cellular mechanisms, and molecular genetics. Finally, Dr. Jack Bowers was appointed this year as Director of our Methuen Eye Center; he now practices at the new facility, which unquestionably will continue to grow and be a substantial component of the Department.

While physical renovations and academic programs are important for the Department's reinvigoration and ongoing development, there is no greater institutional resource than our human assets constituted by an outstanding faculty and talented residents and fellows. Once again the entire Harvard Department of Ophthalmology presented over 300 papers or posters at the 1992 Association for Research in Vision and Ophthalmology meeting, at which Dr. Eliot Berson delivered the Friedenwald Lecture. The residents and fellows at the Infirmary continue to give their own courses, which have been published in the professional literature. I personally derive no greater gratification from my job as Chairman than from witnessing the flowering of our gifted students and faculty.

The Heraclitean flux in ophthalmology has by no means abated, nor will academic ferment or economic challenges be strangers to us for the foreseeable future. Since change is inevitable, we might just as well embrace it as a good and work to make sure that the outcomes of change will better serve the needs of our field, our departments, and our patients. Throughout periods of transition, the Infirmary and the entire Harvard Department of Ophthalmology have remained intellectually vibrant. Indeed, they represent the most exciting visual sciences environment that I have ever had the privilege of being associated with.

◀ Ophthalmologist Richard Floyd, M.D., performs a cataract extraction. Each year, nearly 4,000 cataract procedures and 10,000 other specialty procedures are performed at the Infirmary, ranking it among the busiest surgical facilities in the state. To meet the demand of an ever-increasing volume of ambulatory patients at the hospital, the Infirmary's nursing and operating room managers implemented an "Amb-Track" model for the care of ambulatory surgical patients in 1992. This creative approach to operating room management has allowed patients to be treated more quickly and efficiently.

The Year in Review



Jack F. Bowers, M.D., Director, Methuen Eye Center

Infirmary Expands Patient Care Services

In 1992 the Infirmary expanded the depth of its patient care services with the estabishment of additional satellite facilities. The Allergy and Immunology Center, located at 50 Staniford Street, was created to facilitate a growing volume of Infirmary patients requiring specialized allergic and immunologic care.

The Center, which is headed by Dr. Martin Ostro, provides treatment for allergic and immunologic disorders such as sinusitis, hives, drug and food allergies, autoimmune diseases, and immunodeficiencies.

In July, the Infirmary welcomed Dr. Jack F. Bowers as Director of the Methuen Eye Center facility. Dr. Bowers came to the Center after working in a private practice in Haverhill for more than 25 years. He has been a member of the Infirmary's medical staff since 1976, and is also an Instructor in Ophthalmology at Harvard Medical School.

ENT Research Highlights

Research at the Infirmary continued to receive both national recognition and funding in 1992. In an important renewal award, Chief of Otolaryngology Dr. Joseph B. Nadol, Jr. and Dr. Donald K. Eddington received a grant in excess of $4 million from the National Institute of Deafness and Other Communicative Disorders (NIDCD), a division of the National Institutes of Health (NIH). The grant, which will be distributed over the next four years, will support their study entitled "Basic and Applied Research on Cochlear Prostheses."

The NIDCD also awarded Dr. Nadol and Otolaryngologist Dr. Saumil N. Merchant in conjunction with the Deafness Research Foundation of New York, a sum of $1.5 million to establish the National Temporal Bone Bank, Hearing and Balance Pathology Resource Registry. The registry, the first of its kind in the world, will house a computerized repository of all temporal bone collections in the United States.

New President, Chairman of Board Appointed

1992 marked a year of change in leadership at the Infirmary. F. Curtis Smith, former Executive Vice President at the hospital, was appointed President after a year-long national search. During his term as Executive Vice President, Smith's accomplishments included the successful completion of a bond proposal in 1991, which is being utilized to upgrade Infirmary clinical and research facilities, as well as achieving a break-even operation at the Infirmary for the past two years.

Alexander A. Bernhard was elected Chairman of the Infirmary's Board of Directors in December. Bernhard, who has been an Infirmary trustee since 1986 and a member of the Board of Directors since 1989, is a Senior Partner in the Boston law firm of Hale and Dorr. He also serves as Chairman of the firm's Chemical Practice Group and Vice Chairman of the International Department.



F. Curtis Smith, President of the Massachusetts Eye and Ear Infirmary



Alexander A. Bernhard, new Chairman of the Infirmary's Board of Directors

Dryja Heads Ophthalmic Genetics Laboratory

The Infirmary opened the Ophthalmic Genetics Laboratory on the 7th floor of the Charles Street wing in June. Under the direction of Dr. Thaddeus P. Dryja, the lab is the only one in the country offering clinical services to detect, and even predict, the development of the hereditary eye diseases retinoblastoma and retinitis pigmentosa. Dr. Dryja was a part of the research teams that discovered genes responsible for both diseases.

In recognition of his achievements in the field of ophthalmic genetics, Dr. Dryja was appointed in May to full professorship at Harvard Medical School.

Graduate Program in Speech and Hearing Sciences Initiated

In conjunction with the joint Harvard and the Massachusetts Institute of Technology Division of Health Sciences and Technology, the Infirmary welcomed eight students in the fall of 1992 as part of a new graduate program in the speech and hearing sciences. Headed by Dr. Nelson Y.S. Kiang, Director of the Eaton-Peabody Laboratory of Auditory Physiology, and Dr. Joseph B. Nadol, Jr., Chief of Otolaryngology, the pioneer program is being funded through a $4.5 million grant from the National Institutes of Health and more than $1 million in private donations.

As part of this cooperative academic effort, many members of the Infirmary's Otolaryngology Department serve as faculty for the program. The Infirmary will also function as a major site for student research.



Left to right: William W. Jones, President, Massachusetts Lions Eye Research Fund, Inc.; Eve C. Herbert, R.N.; and Barry Jay Cronin, Ph.D.

Reynolds Society Introduces Achievement Awards

On October 21, the first Reynolds Society Achievement Awards were presented at the annual Reynolds Society dinner. Named for Edward Reynolds, M.D., co-founder of the Infirmary, the awards were created to honor inspirational individuals challenged by the loss of vision, hearing, or speech, or those individuals or groups whose efforts have allowed others challenged by these impairments to lead more active and independent lives. Recipients honored in 1992 included Dr. Barry Jay Cronin, Eve C. Herbert, R.N., and the Massachusetts Lions Eye Research Fund, Inc.

Dr. Cronin, who is the Director of Market Development and Technology at the WGBH Educational Foundation, has championed programming for the visually and hearing impaired on television. His recent creation, the Descriptive Video Service, has made a wide range of programs accessible to visually impaired audiences.

Herbert has been the Director of the Alaryngeal Speech Unit at the Infirmary for 15 years. Herself a laryngectomee, she has worked tirelessly in the field of speech rehabilitation with laryngectomy patients throughout New England.

Since its founding in 1952, the Massachusetts Lions Eye Research Fund, Inc. has demonstrated a true dedication to eye research in the state. Throughout its 40 year relationship with the Infirmary, it has contributed nearly $2 million to ophthalmic research programs.

Berson Receives Friedenwald Prize

Dr. Eliot Berson received the 1992 Friedenwald Award from the Association for Research in Vision and Ophthalmology. Established in 1956 in memory of Dr. Jonas S. Friedenwald, an internationally renowned ophthalmic pathologist, the award honors outstanding research in the basic or clinical sciences as applied to ophthalmology.

Dr. Berson was celebrated for his more than 25 years of work with retinitis pigmentosa, a hereditary degenerative eye disease that affects more than 1.5 million people worldwide. In 1989, he and a team of researchers from the Infirmary were the first to identify a mutant gene that causes a form of retinitis pigmentosa.

Dr. Berson is the Director of the Berman-Gund Laboratory for the Study of Retinal Degenerations at the Infirmary and is the William F. Chatlos Professor of Ophthalmology at Harvard Medical School.

Channel 12 Broadcasts Patient Information

Thanks to the new in-house information television channel, Infirmary patients now can view educational programming relating to otolaryngology, ophthalmology, and lifestyle management. Channel 12, which broadcasts information on subjects ranging from sinusitis and otitis media to open angle glaucoma and cataracts, can be viewed 12 hours a day in both inpatient and outpatient areas. The program list also includes general health-related topics such as "How to Beat Cigarettes," "Living with Stress," "Dietary Management of Fat and Cholesterol," and "Facts about AIDS."

1992 Employee Stars



January
William Westlund
Security



February
Regina Kilfoyle
Public Affairs



March
Mary Gleason
Dietary



April
Gary Edwards
Medical Records



May
Mary Smeraldi, RN
Nursing



June
Mary Long, CRNA
Anesthesia



July
Mary Bennett
Communications



July
Joan Pasquinelli
Communications



August
Patricia Stazinski, RNC
Employee Health



September
Virginia Pierre
Otolaryngology



October
Beth Arnold, MSW
Social Work



November
Alan Weiner
Radiology



December
William Serrano
Security

Financial Statements

Foundation of the
Massachusetts Eye and Ear Infirmary, Inc.
Unrestricted Funds
Balance Sheet
as of September 30, 1992

Current Assets		
Cash		$1,285,104
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)		$785,756
Pooled Investments		$2,594,007
Accounts Receivable	$28,516,761	
Less Allowance for Doubtful Accounts	($9,734,986)	
		$18,781,775
Inventories		$693,299
Prepaid Expenses		$301,766
Miscellaneous Accounts Receivable		$661,201
Due From Other Funds		$19,566
Total Current Assets		**$25,122,474**
Other Assets		
Board Designated Assets		$26,658,437
Prepaid Pension Costs		$3,363,043
Deposits		$356,100
Deferred Financing Costs (Net of Amortization)		$934,435
Property, Plant, and Equipment	$112,114,631	
Less Accumulated Depreciation	($51,763,399)	
		$60,351,232
Construction in Progress		$6,908,268
Total Other Assets		**$98,571,515**
Total Assets		**$123,693,989**
Current Liabilities		
Current Installment on Long-Term Debt		$1,889,688
Current Portion of Note Payable to Other Funds		$3,000,000
Accounts Payable		$8,473,472
Accrued Expenses		$4,122,992
Current Portion Professional Liability Reserve		$325,000
Due to Other Funds		$2,288,849
Due to Third Parties		$13,803,366
Total Current Liabilities		**$33,903,347**
Other Liabilities and Fund Balance		
Rental Deposits		$9,751
Long-Term Debt, Less Current Portion		$56,604,564
Note Payable to Other Funds		$1,144,812
Professional Liability Reserve		$1,609,000
Fund Balance		$30,422,515
Total Other Liabilities and Fund Balance		**$89,790,642**
Total Liabilities and Fund Balance		**$123,693,989**

Foundation of the
Massachusetts Eye and Ear Infirmary, Inc.
Restricted Funds
Balance Sheet
as of September 30, 1992

Assets

Specific Purpose Funds:	
Cash and Equivalents	$442,817
Grants and Contracts Receivable	$528,831
Investments at Cost	
(Quoted Market Value: $7,857,762)	$7,614,746
Due from Other Funds	$2,284,640
Total	**$10,871,034**

Endowment Funds:	
Cash and Equivalents	$184,795
Investments at Cost	
(Quoted Market Value: $33,186,844)	$29,170,657
Notes Receivable	$4,144,812
Due from Other Funds	$7,806
Total	**$33,508,070**

Liabilities and Fund Balances

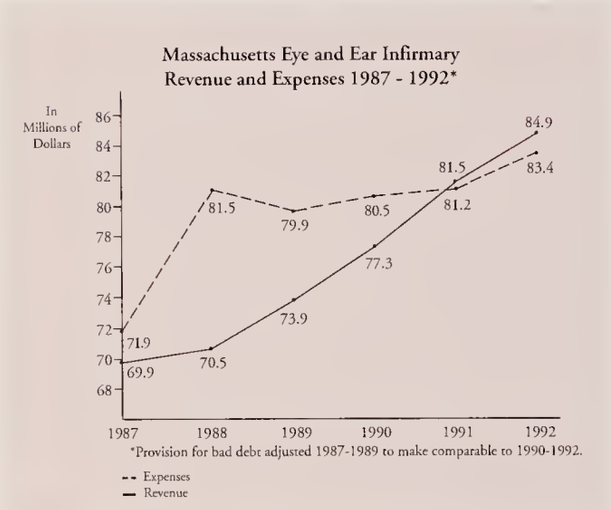
Specific Purpose Funds:	
Due to Other Funds	$5,520
Fund Balances	$10,865,514
Total	**$10,871,034**

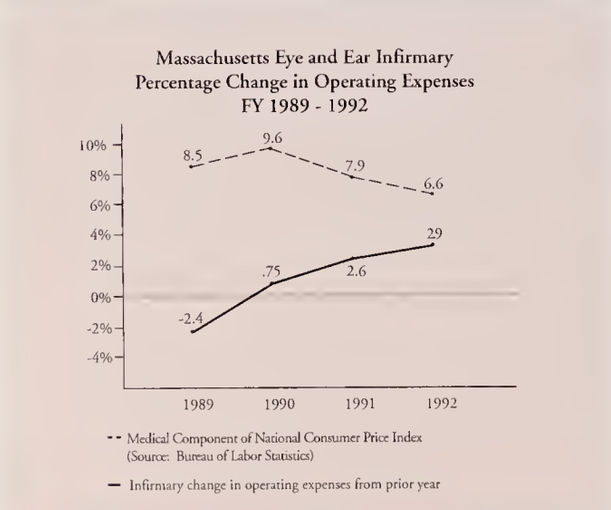
Endowment Funds:	
Due to Other Funds	$17,643
Fund Balances:	
Income Restricted	$10,761,512
Income Unrestricted	$20,171,270
Quasi-endowments	$2,557,645
Total	**$33,508,070**

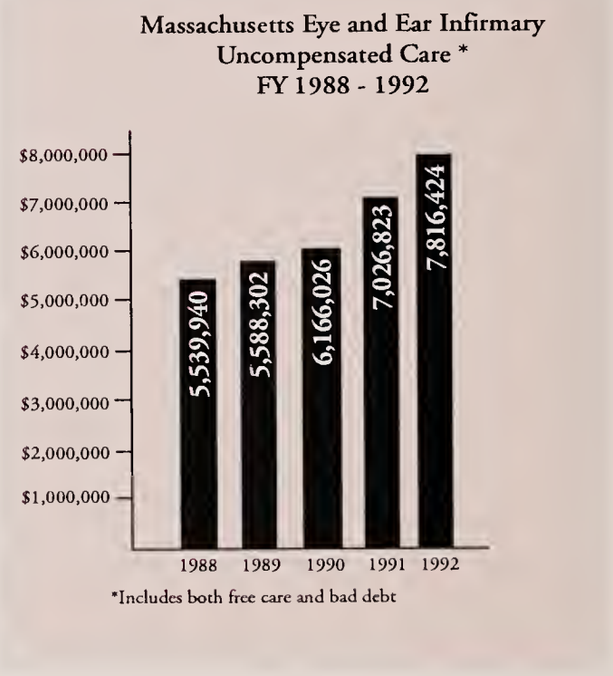
Income from Investments	$2,099,471
Gifts and Bequests:	
Unrestricted Funds	$895,880
Restricted Funds	$1,986,934

Massachusetts Eye and Ear Infirmary
Statement of Revenue and Expenses
as of September 30, 1992

Net Patient Revenue	
Net Patient Service Revenue	$60,603,538
Other Operating Revenue	
(Including $10,122,752 from Research and Other Specific Purpose Funds)	$24,329,653
Total Operating Revenue	**$84,933,191**
Operating Expenses	
Patient Service (Including Depreciation)	$73,285,679
Research and Other Specific Purpose Funds	$10,122,752
Total Operating Expenses	**$83,408,431**
Income From Operations	$1,524,760
Non-operating Revenue (Net of Expenses)	$992,469
Excess Revenue Over Expenses	**$2,517,229**







Comparative Statistics

Massachusetts Eye and Ear Infirmary

	Fiscal 1991-1992	1992	1991
Inpatient Hospital 92 Beds	Discharges:		
	Eye Discharges	4,602	4,817
	ENT Discharges	3,003	3,362
	Total	7,605	8,179
	Patient Days	18,503	20,620
	Average Patient Census	51	56
	Average Length of Stay	2.43	2.52
	Bed Utilization	55%	56%
Surgical Procedures	Inpatient Surgery:		
	Eye Cases	4,406	4,476
	ENT Cases	2,809	2,963
	Total	7,215	7,439
	Ambulatory Surgery:		
	Eye Cases	10,183	12,178
	ENT Cases	4,390	3,979
	Total	14,573	16,204
Outpatient Department	**Ophthalmology:**		
	General Eye	19,445	18,047
	Glaucoma	9,532	10,892
	Cornea	8,464	13,204
	Retina (Including Immunology)	13,723	14,517
	Neuro-Ophthalmology	2,847	2,624
	Ocular Motility	2,836	3,104
	Eye Plastic	3,142	2,514
	Eye Pediatric	2,161	1,524
	Electroretinography	2,874	1,984
	Vision Rehabilitation	1,442	1,165
	Contact Lens	3,345	2,707
	Methuen Eye Center	1,593	0
	Total	71,404	72,287
	Otolaryngology:		
	Stoneham Satellite Facility	18,782	2,597
	General ENT	11,474	10,685
	Head and Neck	620	731
	Otology	1,717	1,466
	ENT Pediatric	1,553	1,448
	ENT Plastic	642	660
	ENT Staff Associates	24,228	20,512
	Allergy	2,189	1,667
	Total	61,205	39,766
	Total Outpatient Visits	132,609	112,053
Emergency Ward	**Total Visits**	30,439	34,186
Special Services	Audiology Department:		
	Outpatient Visits	11,005	10,948
	Hearing Aid Center	1,874	3,186
	Evoked Response	1,909	2,634
	Radiology Department:		
	Conventional Exams	11,541	12,882
	CT Scan	5,199	5,352
	M.R.I.	1,009	0
	Laboratories:		
	Bacteriology (Cultures)	15,325	19,478
	Clinical Lab (Procedures)	93,447	80,504
	ENT Pathology (Specimens)	7,291	6,513
	Eye Pathology (Specimens)	8,594	11,352
	Frozen Section Laboratory	1,911	1,430
	Fluorescein Angiography	6,367	5,917
	Occupational Therapy	1,190	959
	Optical Shop	4,299	4,901
	Ultrasonography	2,485	1,855
	Vestibular Laboratory	3,034	2,771

Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Jin Woo Kim, M.D.
Fayette C. Root, M.D.

Associate Anesthesiologists
Thomas P. Beach, M.D.
Malcolm J. Heslop, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Martin A. Acquadro, M.D.
Lynne R. Ferrari, M.D.
Gordon T. McNabb, M.D.
Tuan Xuan Nghiem, M.D.

Assistants in Anesthesiology
Gail D. Grunberg, M.D.
Ilya Malikin, M.D.
Gabriele F. Troll, M.D.

Associate Staff

Assistants in Anesthesiology
Joseph J. Frassica, M.D.
Ismail S. Sensel, M.D.
Susan A. Vassallo, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
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Charles Schepens, M.D.

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Ralph H. Hinckley, M.D.
James R. Lee, M.D.
Eeva-Liisa Martola, M.D.
Robert A. Petersen, M.D.
Clement Trempe, M.D.

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Brent Lambert, M.D.
Robert A. Lytle, M.D.
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Jean-Bernard Charles, M.D.
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Italo Munoz Astudillo, M.D.
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Anthony P. Adamis, M.D., Director (effective 12/92)

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Alfred D. Weiss, M.D.

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Alfred L. Weber, M.D.

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Michael L. Lewis, M.D.

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Research Fellow

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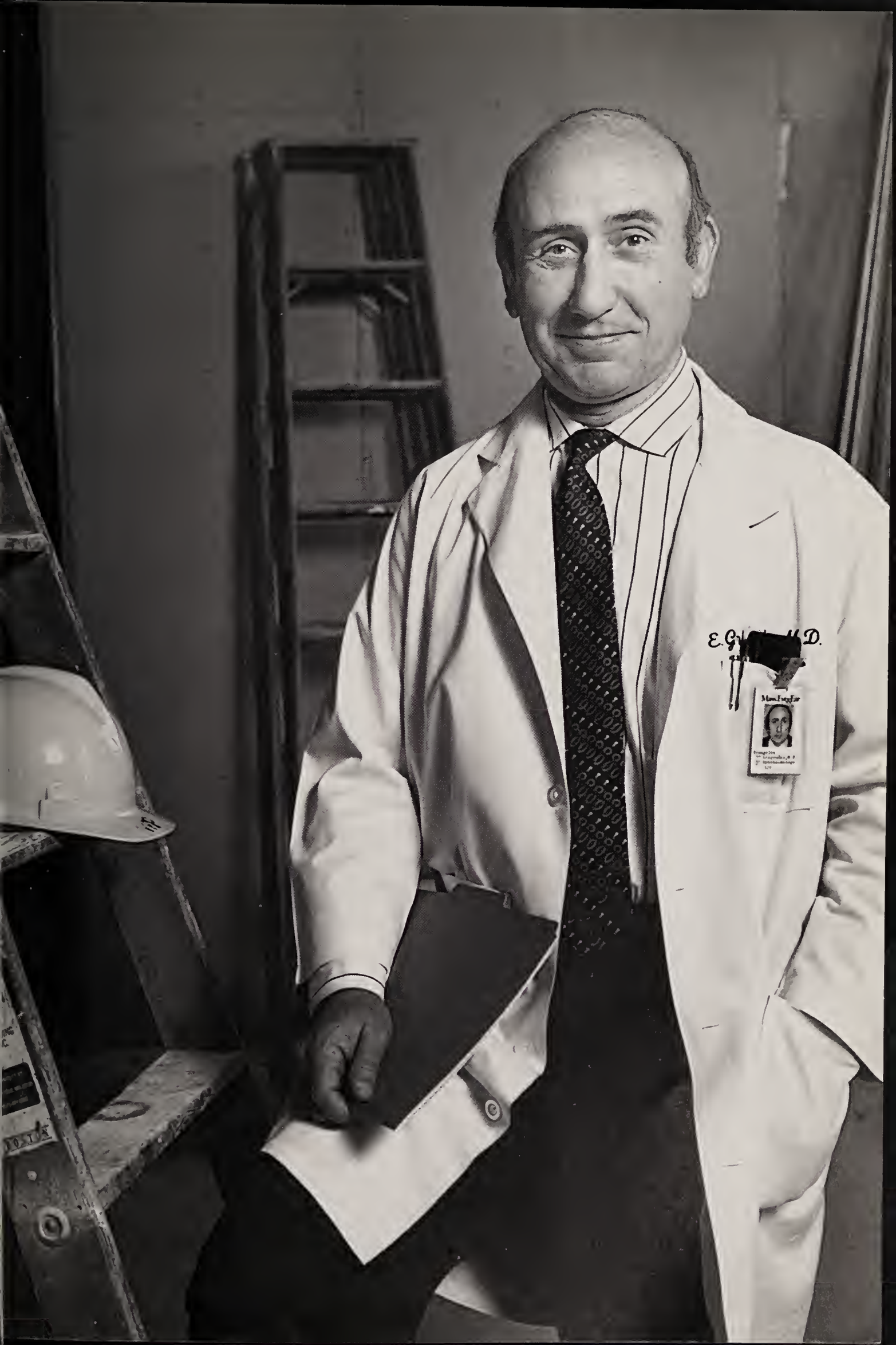
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Men's Club of Billerica
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The Quietman Dart Team
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The Infirmary gratefully acknowledges the thoughtfulness of those individuals who supported the hospital through a bequest.

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Utilizing funds made available from the $50 million bond issued in 1991, the Infirmary continues to upgrade clinical and research facilities throughout the hospital. Evangelos Gragoudas, M.D., Director of the Retina Service, stands in the one section of the nearly 10,000 square feet of twelfth-floor space that will eventually become the new Retina Service. Currently located in cramped quarters on the first floor, the newly-renovated Retina Service is slated to open in spring 1993. ▶



The **Life Income Programs** of the Massachusetts Eye and Ear Infirmary are a very attractive way to support research and patient care programs. Life income gifts can help unlock assets and increase income for you and / or members of your family. At the same time, a life income gift provides a future benefit for the Infirmary.

The Infirmary's Life Income Program can:

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- reduce estate taxes

Most importantly, a life income gift will help to perpetuate your personal support of the Infirmary's extraordinary work in research, training and patient care and will serve as a permanent resource to continue this work.

Additional information on the Infirmary's Life Income Programs as well as other gift planning opportunities can be obtained by writing or calling:

Development Office
Massachusetts Eye and Ear Infirmary
243 Charles Street
Boston, MA 02114-3096
(617) 573-3342

Your inquiry will held in strict confidence and does not obligate you in any way.

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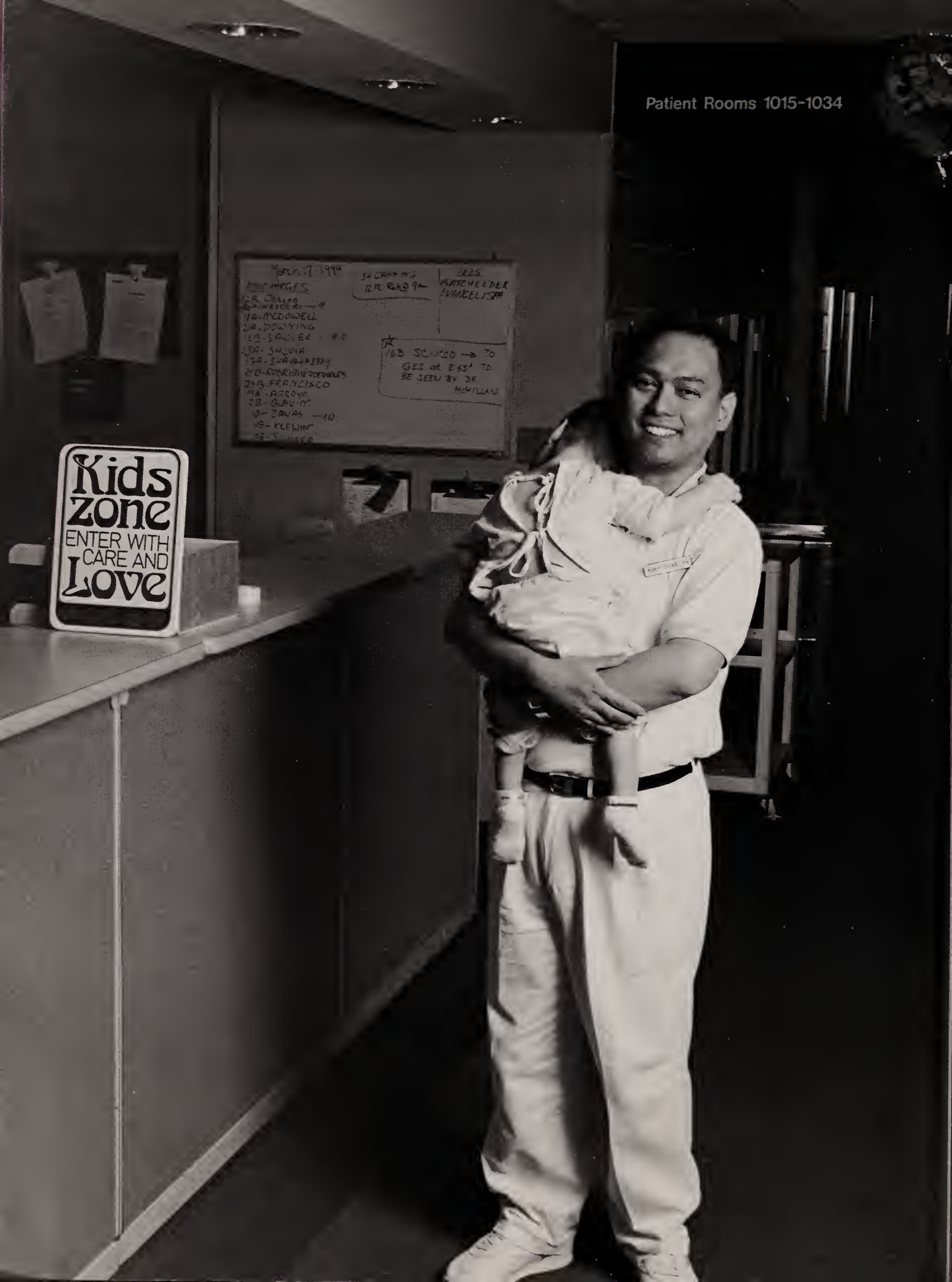
ANNUAL REPORT



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"During a time of significant change in our nation's healthcare system, the Massachusetts Eye and Ear Infirmary has reaffirmed its commitment to its fundamental mission: to provide the best possible patient care, teaching and medical research in the specialties of ophthalmology and otolaryngology-head and neck surgery."

Board of Directors
Massachusetts Eye and Ear Infirmary
1993


Patient Rooms 1015-1034
Kids
zone
ENTER WITH
CARE AND
Love

Report from the Chairman and President

The past year was characterized by significant challenges and a number of major accomplishments. Through each of the achievements described in this report, however, the common goal of every physician, trustee and employee has been to provide the world's best patient care, teaching and research in ophthalmology and otolaryngology-head and neck surgery.

The primary challenge we faced in 1993 was the negotiation of a series of new contracts with the major health insurers. Under all previous state hospital reimbursement statutes, the Massachusetts Hospital Association negotiated on behalf of all hospitals to establish reimbursement rates. This year, all hospitals negotiated individually with each of the insurers. Vice President for Finance Peter Chinetti and Managed Care Director Bethany Gilboard now have negotiated contracts with virtually every major insurer. The revenue we will receive per procedure, however, is consistently less under the terms of the competitive new contracts.

The Infirmary's Pediatric Unit nursing staff is trained to meet the needs of the 5,000 pediatric patients who have surgery at the Infirmary every year. "The Nursing Department realizes that having surgery can be a very stressful time for pediatric patients and their families. Therefore, we make every effort to provide excellent care while also taking the time to attend to people's special needs," says Robert V. Escano, R.N., who is pictured here comforting Corey Vesquelle. Corey, a 2-year-old Springfield, MA, boy, is recovering from scleral buckle surgery that was performed to restore vision in his right eye.

The second challenge we faced this year came from the Medicare regulators (MassPRO), who insisted that many more of our patients should be treated in an ambulatory surgical setting. We responded successfully to this by enhancing our post-operative Observation Program and building an efficient SurgiCenter within the major operating rooms to balance our commitment to patient care with the need to reduce expenses to meet lower Medicare reimbursement.

The third challenge we faced this year was increased competition from a variety of forces within ophthalmology. For example, more surgical cases moved to the outpatient setting, sometimes outside of the Infirmary. In addition, competition from other providers added to the financial pressures on the Infirmary.

The good news is that we met these challenges while still generating a break-even operation for the third consecutive year. Much of the credit for this financial success goes to the management group, who downsized their operations without compromising quality; to the physicians, who are are committed to providing the highest quality of care while maintaining cost-effectiveness; to the fiscal leadership, who improved our cash situation by reducing our bad debt and significantly reducing our days in receivables; and to our dedicated employees, who continued to be the very best caregivers in Boston.

A balanced operating budget was not the year's only significant achievement. We are pleased that the Infirmary received Accreditation with Commendation from the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). This is the highest possible rating by the JCAHO, and according to the latest available statistics, this status places the Infirmary among the top six percent of all hospitals surveyed. Also, the Infirmary was recognized again in 1993 in *U.S. News & World Report* magazine as ranking in the top five hospitals in our specialties.

We introduced a number of new programs and upgraded many patient care and research facilities this year, as well. Completed projects include:

In Otolaryngology:

- a new, state-of-the-art Voice and Speech Laboratory
- a new, highly successful Sinus Center
- a new, multidisciplinary Cranial Base Center
- renovated ENT outpatient facilities

In Ophthalmology

- new, expanded Retina Service facilities
- modernized ophthalmology research space
- collaborative pediatric services with Children's Hospital staff

In Patient Services

- new ambulatory SurgiCenter within the major O.R.s
- renovated and upgraded recovery area
- new Pre-admission Testing Center
- primary nursing in all patient areas

Our research support continued to be strong in 1993. The grant dollars for otolaryngology grew by 50% over the previous year, while ophthalmology research continued to attract support from diverse sources such as private foundations and individuals, in addition to the National Institutes of Health. The annual research budget now totals approximately $9 million. While restricted research space is a perennial problem, peer-reviewed grant support on this scale validates both the quality and the importance of our researchers' work.

Through the efforts of Infirmary Board Member George Rabstejnek and Trustee Ralph Jacobson, we were fortunate to receive research support from Draper Laboratories of Cambridge, MA. Draper is funding a research team to work in collaboration with Infirmary investigators. The identified joint projects are the cochlear implant program, headed at the Infirmary by Dr. Donald K. Eddington, and the retinal implant project, headed at the Infirmary by Dr. Joseph F. Rizzo.

This year we welcomed four new members to the Infirmary's Board of Directors. New Treasurer William H. Darling, C.P.A., along with members Alan Dalby, Renée Landers, and Patricia McGovern, have already contributed immensely to the overall governance of this institution. They join a group of dedicated Board members who give generously of their time to help the Infirmary through the complex issues in contemporary healthcare. We are grateful for their support.



F. Curtis Smith (l) and Alexander A. Bernhard (r)

Although 1993 was successful from many perspectives, the financial and market forces unleashed during the past year created both challenges and opportunities for 1994 and beyond. We have embarked on a new era in healthcare which will be characterized by managed competition and the coming capitated payment system – where health providers will receive fixed annual fees per subscriber rather than payments for each procedure performed. While the transition period will present yet more challenges to the Infirmary, we believe that we are positioned to succeed in the new marketplace. We have a successful track record of delivering the very highest quality of care in the most cost-effective way – qualities essential for success under the new reimbursement system. We are proud that the Infirmary has achieved these efficiencies without diminishing the Infirmary's support for free care, education, or overall support of our academic and research interests.

It is clear, however, that excellence, efficiency, and cost-effectiveness alone are not enough to sustain us through the coming decades. We must continue to scrutinize our services and our position in the marketplace and make critical decisions now which will have long term impact. Therefore, in October we initiated an institutional strategic planning process. The participation of our chiefs of service, Drs. Frederick Jakobiec and Joseph Nadol, is integral to this process, as is active Board support. Medical staff involvement, ideas, and input also are crucial in formulating strategic initiatives. The key to this planning process has been a thorough understanding of the external environment and an overall assessment of our internal strengths and weaknesses. Following this assessment, we reaffirmed our overall mission, developed long-term goals, and are working out specific objectives and strategies for achieving them.

In summary, we believe that there will be an important national and local role for the Infirmary in the future, as there has been in the past. Our goal is to define this role and implement those measures necessary to ensure that the Infirmary's future will, in fact, be made more exciting than its glorious past.



Alexander A. Bernhard
Chairman of the Board

F. Curtis Smith
President

Report from the Chief of Ophthalmology

With 80,000 outpatient visits and 10,250 operations performed at the Infirmary during the past year, the clinical vitality of the Department of Ophthalmology remains very high. The recruitment of patients to our excimer photorefractive surgery protocols, the establishment of a keratorefractive outpatient facility (under the direction of Dr. Jonathan Talamo), and the introduction into regular diagnosis of indocyanine green angiography and Doppler ultrasonography have enabled the Department to remain state-of-the-art in all clinical areas. A new encapsulated SurgiCenter comprised of three operating rooms will facilitate our surgical care. The quality of patient care was recently certified by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), which gave the Infirmary approval with commendation (only 6% of American hospitals receive this rating.)

A signal event was the appearance in late September 1993 of the six-volume *Principles and Practice of Ophthalmology* textbook, published by the W.B. Saunders Company and edited by Dr. Daniel Albert and myself. The largest ophthalmic textbook ever to appear all at once as a complete set, we are hopeful that it will become a standard reference. All of the section editors and the vast majority of the 440 contributors are either present or past faculty members or trainees of the various institutions and programs of the Harvard Medical School, the Infirmary, and Schepens Eye Research Institute.

The molecular genetic research of Dr. Thaddeus Dryja has been so productive, and is at such an accelerating stage, that the Infirmary has decided to create a Molecular Genetics Research Institute for him. Approximately 4,000 square feet of laboratory space will be provided with automated equipment, which should enhance Dr. Dryja's ability to discover more genes responsible for ocular disease.



Frederick A. Jakobiec, M.D.

A new laboratory also is being prepared for Dr. Meredithe Applebury, an internationally recognized molecular geneticist whom we are expecting to join our faculty as full Professor this spring. Dr. Applebury will bring depth in cell biology and will attempt to elucidate mechanisms of cell death in the various retinal degenerations. She will work closely with clinicians as well as establish strong links with Drs. Eliot Berson and Dryja. Dr. Berson's recent publication showing a beneficial effect of Vitamin A supplements in retarding the inexorable visual decline in patients with retinitis pigmentosa is the first therapeutic breakthrough in this area.

In 1988, Dr. Joseph Rizzo, neuro-ophthalmologist, initiated the retinal implant project at the Infirmary. The project is designed to develop a photosensitive microchip that can be placed into the eye, on the inner retinal surface, to restore some vision to patients who are blind from retinal disease. Dr. Rizzo codirects this project with Professor John L. Wyatt, Massachusetts Institute of Technology. The research team now include 12 members based at four local institutions: the Infirmary, MIT, MIT-Lincoln Laboratories, and the Draper Laboratories. Dr. Rizzo expects that an implantable prototype will be completed in 1994 and ready for preliminary tests.

After a year of construction, the renovated 10,000 square foot Retina Service opened in Spring 1993. The Retina Service now has eight full-time members, the latest recruitment being Dr. John Loewenstein. The Retina Service presented 20 high-quality papers and posters at the 1993 meeting of the Association for Research in Vision and Ophthalmology (ARVO), and had six excellent papers at the Retina Society meeting.

The next major renovation at the Infirmary will be of the entire first floor, wherein 12,000 square feet of "fungible" space will be made available to the service for Primary Eye Care Cornea, Oculoplastics, Glaucoma, and Pediatrics. When this comprehensive overhaul is completed after 18 months, all of the outpatient facilities and most of the old Howe Laboratories will have been renovated over a six-year period.

Two individuals on the faculty have been recommended to become full Professors: Drs. Evangelos Gragoudas and C. Stephen Foster. Dr. Gragoudas has built up the Retina Service in the past decade, and continues to enlarge the therapeutic applications of proton beam irradiation. In collaboration with his clinical fellows and other faculty members, as well as with the Massachusetts General Hospital, advance photodynamic therapies are being developed for the treatment of intraocular melanoma (with Dr. Lucy Young) and retinoblastoma (with Dr. Shizuo Mukai). Dr. Donald D'Amico is working with a promising prototype of a solid state laser for membrane cutting in vitreotretinal surgery. Dr. Foster's research group is one of the most productive in ocular immunology in the country. Although he is extraordinarily busy, both clinically and in the laboratory, Dr. Foster has managed to co-author with one of his former fellows, Dr. Maite Sainz de la Maza, an important new textbook entitled *The Sclera* (Springer-Verlad).

Between the Infirmary and Children's Hospital, a combined program has been created to study various types of ocular angiogenesis, or abnormal growth of blood vessels in the eye. At the present time, Drs. Anthony Adamis, Robert D'Amato, and Joan Miller are working with or within the laboratories of Dr. Judah Folkman. These young Infirmary clinicians and scientists are on the verge of discovering some of the angiogenic factors that are responsible for promoting both diabetic retinopathy and retinopathy of prematurity.

Finally, another novel collaboration with Children's Hospital will be the staffing of our Pediatric Service at the Infirmary by members of Children's Pediatric Eye Service–Drs. Robert Petersen and Terry Young. This arrangement will tighten the educational and clinical links between these two institutions.

In 1993, we were saddened by the deaths of three distinguished colleagues. Dr. David G. Cogan, former Chief of Ophthalmology and Director of the Howe Laboratories, died in September, leaving an unparalleled intellectual legacy. Dr. David Donaldson, a former member of the full-time faculty and active member of the Howe Laboratory staff who was renowned for his ophthalmic photography, also died in September. Finally, Dr. Henry Freeman Allen, who also had served as Chief of Ophthalmology, died in December after a long illness. His integrity and humanitarianism, as well as his patent clinical excellence, left an indelible impression on all who knew him.

The educational, residency, and fellowship programs at the Infirmary are quite vibrant. We never cease to be amazed over the increasing quality of our residency and fellowship applicants. The fellows' annual course on "Ocular Genetics and Inherited Diseases" was published in the Spring 1993 issue of *International Ophthalmology Clinics*, and future issues will be devoted to two courses given by the residents fellows. We are gratified that the Department of Ophthalmology at the Infirmary continues to be listed among the finest eye hospitals in the United States, according to the annual *U.S. News & World Report* survey.

The highest compliment that I receive annually, though, is at the graduation of the residents and fellows in June, when individuals who are about to depart from the Infirmary are manifestly grateful for the unique intellectual and educational environment that the institution and faculty have provided for them. As we enter into a period of obvious economic competition and structural remodeling of the healthcare system, it is incumbent upon all academic centers to sustain the highest standards and not to lose sight of our missions in research and education.

Unsurpassed excellence will create the mandate for the Infirmary's continuing growth and survival. The basis for these accomplishments at the Infirmary remains rooted in our superb research faculty, skilled clinical care-givers, and incomparably talented and dedicated trainees.



Frederick A. Jakobiec, M.D.
Chief of Ophthalmology

"Working at an academic medical center where I am able to combine patient care with research is extemely rewarding to me. More importantly, it's good for my patients," notes Evan Dreyer, M.D., Ph.D., acting director of the Infirmary's Glaucoma Consultation Service, and one of the many physician-investigators at the Infirmary. "The problems I encounter in my practice motivate my research and, conversely, the knowledge I gain through research helps me to treat my patients better." In 1993, Dreyer received a four-year $400,000 National Institutes of Health grant to study the molecular aspects of vision loss due to glaucoma, a leading cause of legal blindness in older Americans.



Report from the Chief of Otolaryngology

Part of the underlying philosophy in the organization of the Department of Otolaryngology is that a specialty hospital serves as a catalyst for excellence and can provide subspecialty care to a degree not easily achievable in another setting. In addition to subspecialty services, the Department has established centers which focus on targeted clinical problems.

This year the Cranial Base Center was established under the medical direction of the Departments of Otolaryngology at the Infirmary and Neurosurgery and Radiation Oncology at Massachusetts General Hospital. This provides a mechanism to improve referral, patient care, research and teaching for the specialized disorders of the cranial base. Similarly, a Sinus Center was established this year at the Infirmary. This brings to bear on allergic and infectious diseases of the paranasal sinuses the combined expertise of pathology, infectious disease, allergy and immunology, and otolaryngology.

The Allergy and Immunology Center opened at 50 Staniford Street, Boston, and has completed its first year of operation under the direction of Dr. Martin Ostro. This dedicated space and service provided the opportunity to increase the number of patients seen with allergies of the upper airway by 25% over the previous fiscal year.

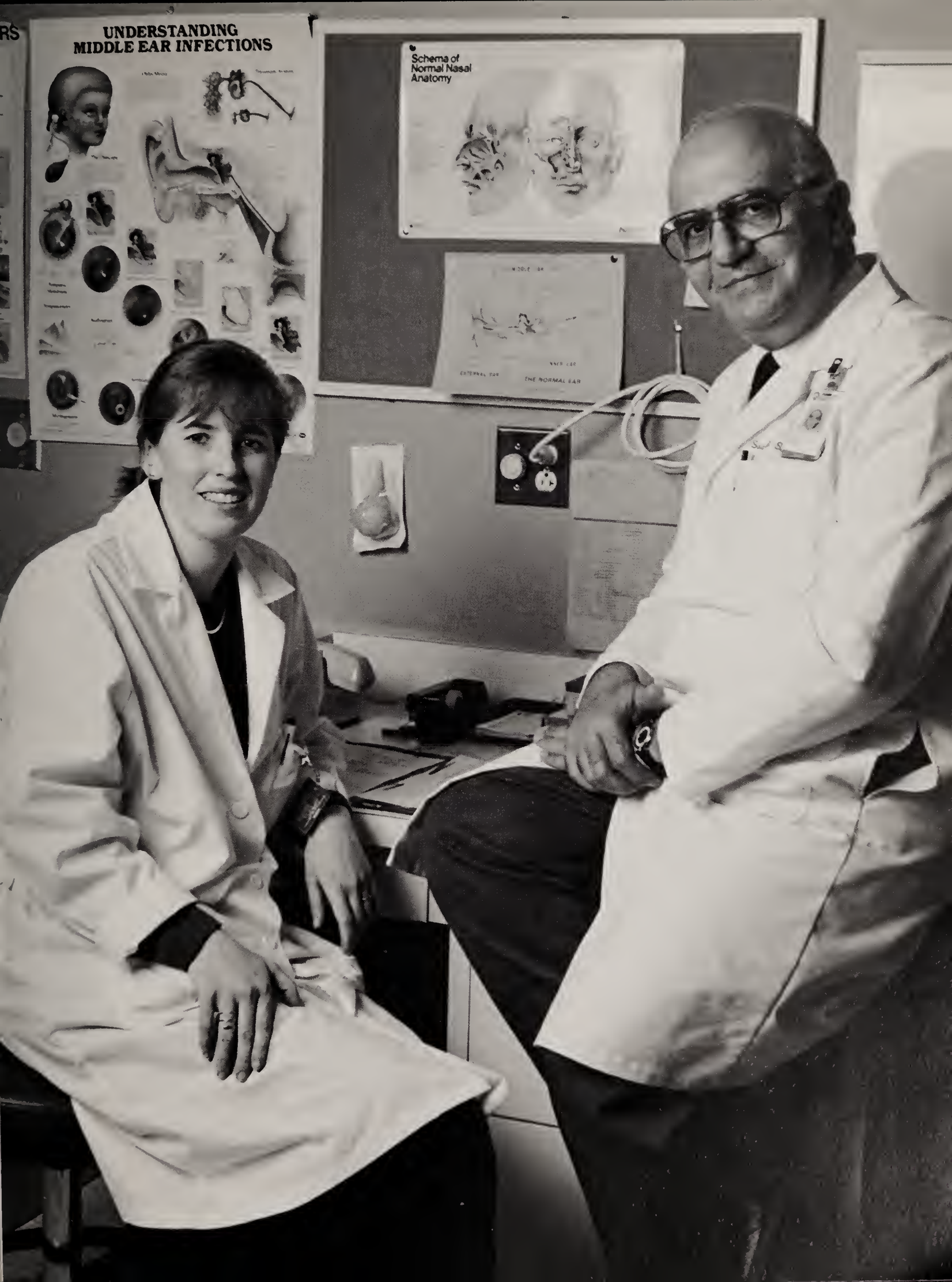
The Department's new Voice and Speech Laboratory, opened in November 1992 on the 11th floor under the dirction of Dr. Robert Hillman, saw 1,127 patient visits. More importantly, this Voice Laboratory provides expertise in the evaluation of disorders of the voice never before achievable at the Infirmary. In 1994, the Department hopes to complete the planned construction of a Head and Neck Outpatient Center and Hyperbaric Oxygen Unit on the 11th floor of the Infirmary.

A feasibility study of infant hearing screening, a joint project by the Department of Audiology at the Infirmary and the Neonatal Unit at the Mt. Auburn Hospital, has been successfully completed. In the coming year, a well-baby hearing screening will be continued at that institution by the Audiology Staff at the Infirmary.

On July 1, 1993, a significant change occurred in the delivery of outpatient care in the Department of Otolaryngology. Previously, there were two parallel services: the private service of the full-time faculty, and the clinic service managed by a cadre of both part-time and full-time physicians and resident staff. As of July 1, all patients who are seen in the Department of Otolaryngology at the Infirmary have been assigned to the practices of members of the full-time faculty. Residents continue to be involved in outpatient care in this new setting. This change provides several advantages: first and foremost, it provides greatly improved continuity of care for our patients. Secondly, the deployment of residents now can be done based on their educational and training needs rather than the Department's staffing needs. In addition, first year residents now have the opportunity to follow patients throughout their care cycle, from outpatient evaluation to surgical treatment and outpatient follow-up.

We welcome several new members to the staff: Drs. Lauretano, McKeough, Tan and Poulin to the part-time staff; Drs. Randolph, Sizeland and Gliklich to the full-time staff. The Department was saddened by the passing of Dr. Angelo Pappanikou on July 14, 1993. Dr. Pappanikou was a distinguished and loyal member of the part-time faculty and active in the Department's Alumni Association. Dr. Pappanikou's practice has been staffed since July by the Department in an effort to ensure the important linkage with the Newton-Wellesley

The Infirmary's Sinus Center opened in 1993 to treat patients with chronic and recurring inflammatory sinus disorders. Headed by Salah D. Salman, M.D., the Center had many notable achievements during its inaugural year: close to 600 new patients were seen; a handbook outlining policies for sinusitis management was developed; and an educational monthly Sinus Conference was organized. "We were also very pleased to introduce the first Harvard Medical School fellow in sinus surgery, Dr. Marie-Claude Quintal of Montreal, Canada," Salman adds. Pictured here with Salman in the Sinus Center, Quintal is one of the more than 40 foreign physicians who pursued fellowships at the Infirmary in 1993.


UNDERSTANDING
MIDDLE EAR INFECTIONS
Schema of
Normal Nasal
Anatomy
THE NORMAL EAR



Joseph B. Nadol, Jr., M.D.

Hospital and the western suburbs.

The research portfolio of the Department has been substantially increased over the last four years, from approximately $2.4 to $5.9 million dollars in total funding during that period. This fund growth has allowed an expansion of the areas of research and training available to members of the Department. For example, the Department has become the site for the National Temporal Bone Hearing and Balance Pathology Resource Registry. Members of the Registry, in collaboration with research facilities nationwide, have developed a national computer registry documenting the type of specimens and findings in over 10,000 temporal bones, the bone housing the structures of the inner ear.

A new graduate program in Speech and Hearing Sciences, co-sponsored by the Department of Otolaryngology and HST Program of the Harvard Medical School and the Massachusetts Institute of Technology, completed its first year. This is a unique program for individuals aspiring to careers in research in the hearing and speech sciences by providing both clinical and basic science training. This will produce a cadre of investigators uniquely trained and capable of shortening delay time in the application of quantitative science to clinical problems.

Two books were published by members of the Department this year. *The Pathology of the Ear, Second Edition*, by Dr. Harold Schuknecht, and a new text, *Surgery of the Ear and Temporal Bone*, by Drs. Nadol and Schuknecht, built upon the clinical school of otologic surgery established at the Infirmary and its tradition in temporal bone histopathology.

In addition to hosting a number of visiting professorships, the Department sponsored several successful continuing medical education courses in 1993:

- *Open Rhinoplasty*, directed by Dr. Mack Cheney, October 1992
- *Clinical Otology and Otologic Surgery*, directed by Dr. Joseph Nadol, Jr., June 1993
- *Extracranial Optic Nerve Decompression*, directed by Dr. Michael Joseph, October 1993
- *Surgical Techniques in Pediatric Otolaryngology*, directed by Drs. Roland Eavey and Michael Cunningham in November 1993.

The Residency Training Program in Otolaryngology, in conjunction with the Children's, Beth Israel, Brigham & Women's and New England Deaconess Hospitals, provides training for 18 residents. In 1993, there were 21 research fellows, both graduates of otolaryngologic training programs and postdoctoral fellows, sponsored by a variety of training grants. The creation of subspecialty divisions within the Department has allowed the development of postresidency clinical fellowships in Head and Neck Reconstructive Surgery, and a two year fellowship in Otology and Neuro-otology.

The year 1993 has seen continued progress and improvement in our clinical care, research and training missions. The Department is grateful for the support of its patients, benefactors, researchers, and clinical staff and for the support of our Directors and Trustees who have made these efforts possible.



Joseph B. Nadol, Jr., M.D.
Chief of Otolaryngology

Through volunteer work in various organizations, from homeless shelters to local Boys' and Girls' clubs, many Infirmary employees are committed to the community. Surgical nurse Jane Ouellette, R.N., demonstrated this commitment in 1993 when, with the help of sons Nicholas (r) and Matthew (l), she saved a baby's life. After pulling off the road one morning to help a frantic young mother, Ouellette quickly discovered the woman's baby was not breathing. Following three rounds of infant C.P.R., Ouellette was able to resuscitate the child. "As part of operating room policy, I am re-trained in C.P.R. every year," she explains. "I never thought much of it before–it was routine. Now, I know how very important that training can be."



The Year in Review



William Montgomery, M.D., with the late Mr. John Merriam and his wife Betty Merriam

Merriam Gift Establishes Chair

The late Mr. John W. Merriam, a grateful patient of Infirmary surgeon William W. Montgomery, M.D., donated $2.2 million in December of 1993 to establish the first fully-funded chair in otolaryngology at Harvard Medical School. Montgomery will be the first incumbent of this professorship, which will fund his research in head and neck disorders.

Dryja Named to Cogan Professorship

In December, Thaddeus P. Dryja, M.D., director of the Ophthalmic Genetics Laboratory at the Infirmary, was named the David G. Cogan Professor of Ophthalmology at Harvard Medical School. Dryja, who was appointed to full professorship at the medical school in 1992, has pioneered in the field of ophthalmic genetics, having led research teams which discovered the genes responsible for retinoblastoma and retinitis pigmentosa in recent years.

High Ranking JCAHO Accreditation

The Infirmary received Accreditation with Commendation from the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), the highest possible rating given by that organization.

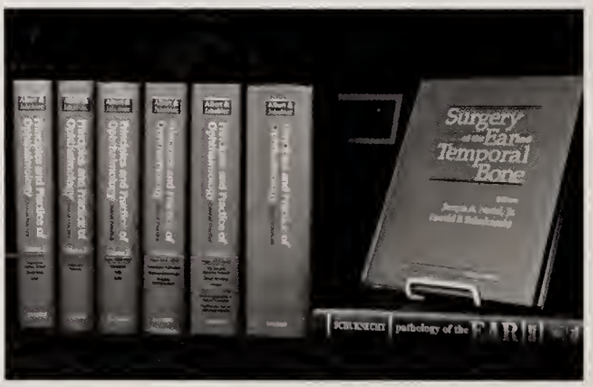
Joint Commission

According to the latest available statistics, this status places the Infirmary among the top six percent of hospitals surveyed by the JCAHO.

Three New Publications

With the publication of three new or revised scholarly textbooks in 1993, the Infirmary's medical staff continued to demonstrate academic leadership in their specialties of ophthalmology and otolaryngology.

The publications, whose contributors include many Infirmary surgeons, researchers, and clinicians, are titled *The Principles and Practice of Ophthalmology: The Harvard System*, Frederick A. Jakobiec, M.D., and Daniel M. Albert, M.D., eds.; *Surgery of the Ear and Temporal Bone*, Joseph B. Nadol, Jr., M.D., and Harold F. Schuknecht, M.D., eds.; and *The Pathology of the Ear, Second Edition*, Harold F. Schuknecht, M.D., ed.





Infirmary Earns Top Ranking in Magazine

Once again, the Infirmary has been rated among the top hospitals in the nation in its specialties in the 1993 edition of *U.S. News & World Report*'s best hospitals survey. This is the fourth consecutive year in which the Infirmary has been ranked within the top five hospitals nationally in ophthalmology and otolaryngology.

Infirmary Opens New Centers

The Infirmary opened several new centers in 1993:

The Sinus Center, under the direction of Salah Salman, M.D., provides an interdisciplinary approach for the treatment, teaching, and research for complicated, chronic, and recurrent cases of sinus disease.

The Cranial Base Center, a joint program of the Infirmary and the Massachusetts General Hospital, offers a complete range of services for the diagnosis, treatment and rehabilitation of patients with cranial base lesions.

The Ambulatory SurgiCenter consolidates the full range of surgical services to patients within a comprehensive, three-room facility: from preparation for surgery to recovery and discharge.

The Pre-admission Testing Center unifies the Medical Unit, Clinical Laboratory, and Pre-operative Review in a single area on the 8th floor so that patients may receive all of their preoperative tests in one location.

Robin Cook, M.D., Speaks at Reynolds Society Dinner

Internationally bestselling author Robin Cook, M.D., was the keynote speaker at the Infirmary's seventh annual Reynolds Sociery Dinner in October. Cook, an alumnus of the Infirmary's residency program and the author of such works as *Coma*, *Blindsight*, *Terminal*, and, most recently, *Fatal Cure*, spoke about topics ranging from his own beginnings as a writer to the impact of national health care reform.



Robin Cook, M.D, (l), and Chairman of the Reynolds Society George Rabstejnek.



Eliot Berson, M.D., (pictured front row, third from left) with the research team that isolated Vitamin A as a treatment for RP

Berson, Research Team Discover Treatment for RP

Eliot Berson, M.D., Director of the Berman Gund Laboratory for Retinal Degenerations, headed a research team that isolated Vitamin A as a treatment for retinitis pigmentosa (RP). The team found that a daily 15,000 unit dose of Vitamin A in the palmitate form could slow the progression of RP for as much as seven years.

Infirmary Researchers Awarded National Grants

Members of the Infirmary medical and research staff were again honored with numerous grants and awards from both public and private sources in 1993, including:

Evan Dreyer, M.D., Ph.D., received a 4-year $400,000 grant from the National Institutes of Health (NIH) for his study of excitatory amino acids in glaucoma. Dreyer was also one of three researchers chosen to share a 3-year, $2.5 million grant by the National Institutes of Child Health and Development for the research of retinal ganglion cell biology.

Donald Eddington, Ph.D., was presented with a $100,000 award for his cochlear implant research. With the funding, Eddington, his research team, as well as a group of Draper Laboratory scientists, will combine efforts to refine the electronic packaging and microphone miniaturization of the cochlear implant's sound receiver.

Saumil Merchant, M.D., was awarded a 4-year, clinical investigator award of $343,000 by the NIH for his studies of acoustical aspects of middle ear disease and surgery.

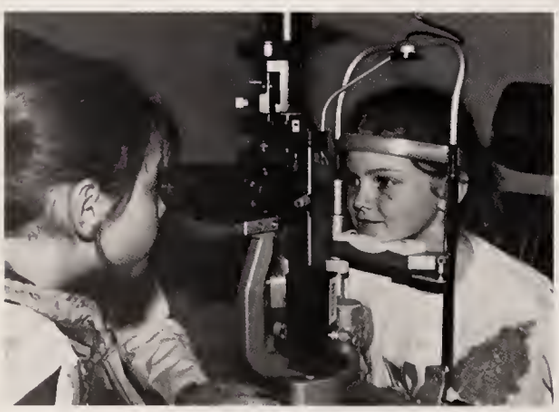
Joseph F. Rizzo, III, M.D., and Professor John L. Wyatt of MIT jointly received a $500,000 grant from the Seaver Institute in Los Angeles for their work with retinal microchip implants. Rizzo and Wyatt were also granted $100,000 from the Charles Stark Draper Laboratory of Cambridge to fund collaborative research in this area.



Members of the Infirmary's Strategic Planning Committee

Community Service Programs

The Infirmary broadened its community service efforts by offering a range of free eye, glaucoma, and hearing aid screenings as well as educational tours to groups throughout the state. Pictured here, students from the South Elementary School in Hingham examine each other's eyes in the General Eye Service. The students visited the Infirmary in May for lectures and demonstrations in the Morse Laser Center.



Students from South Elementary School in the Infirmary's General Eye Service

Strategic Planning Committee Formed

With the introduction of the Strategic Planning Committee in 1993, the Infirmary took a proactive step in meeting the challenges of the current health care system. Made up of representatives from the Infirmary's medical staff, administration, and Board of Directors, the committee is tackling such issues as developing networks and affiliations in the expanded managed care environment. "The strategic planning initiative is one of the most important efforts undertaken at the Infirmary in recent years," says Infirmary President F. Curtis Smith. "By developing goals and agendas for the future, we will position the Infirmary for continued success."

Kostegan, Gilboard Join Infirmary Staff

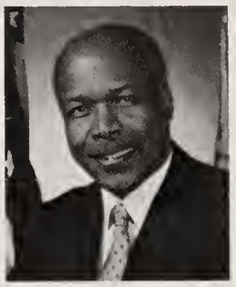
The Infirmary welcomed two new managers to its staff in 1993: Mark Kostegan, FAHP, and Bethany M. Gilboard.

Kostegan, who assumed the position of Vice President for Development in January, formerly worked for more than five years as Vice President for Development and Public Affairs at Winchester Hospital, where he raised $9.6 million in annual, capital, and endowment support for the institution during his term there.



Mark Kostegan, FAHP, and Bethany M. Gilboard

As the Director of Managed Care Programs, Gilboard has monitored the Infirmary's relationships with managed care groups and developed and negotiated contracts both with new and existing organizations since her arrival at the Infirmary in January. She came to the Infirmary after five years at Salem Hospital, where she was Assistant Director of Corporate Planning and Managed Care.



Louis W. Sullivan, M.D.

Sullivan Addresses Health Care Reform

The Infirmary was also visited by former Secretary for Health and Human Services Louis W. Sullivan, M.D., who spoke at the Infirmary's spring trustee meeting in June. In his address, Sullivan, President of the Morehouse School of Medicine in Atlanta, GA, reviewed current health care reform proposals, pointed out public health care issues that are at risk in the reform debate, and suggested legislative actions that should be taken to help shape the direction of reform.



Former Director of Dietary Services Herbert Kirshnit and Hiwatha Glover

Dietary Director Kirshnit Retires After 30-Year Career

Director of Dietary Services Herbert Kirshnit retired in September 1993 after a more than 30-year career at the Infirmary. At a reception held in Kirshnit's honor, Vice President for Support Services A. Joseph Castellana noted "Herb has not only functioned as a leader, but also as a mentor and friend to his staff. He will be greatly missed." Kirshnit is pictured here with longtime friend and Dietary employee Hiwatha Glover.



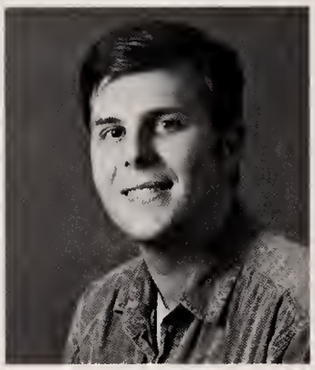
L.V.C. Hosts "O Samba" Event

In April, the Ladies' Visiting Committee hosted "O Samba: A Night in Brazil" at the Harvard Club in Boston. The event, which raised more than $10,000 for the Pediatrics Service, featured a Brazilian theme in dancing, decor, and cuisine, as well as a silent auction and a raffle for a trip to Rio de Janeiro.

1993 Employee Stars



January
Martha Fraser
Nursing



March
Ronald Miller
Nursing-11th Floor



April
Walter Dyer
Maintenance



May
Fran Annand, RN, MEd
Nursing Education



June
Marie Healy
Patient Accounts



July
Helen Williams, RNC
Medical Unit



August
John McGillivray
Support Services



September
Ethel Hargrove
Dietary



October
Ruth Walton, RN, MS
Nursing



November
Diana Keller
Human Resources



December
Paula Ray-Doherty, RN
Nursing

Not Pictured:
February
Dot Bedard
Surgical Services

Using funds from its 1991 $51 million bond offering, the Infirmary opened several patient care facilities in 1993 including the Ambulatory SurgiCenter. "The new Ambulatory SurgiCenter, with its dedicated operating rooms, equipment, and staff, makes it possible to perform many operations more efficiently. The SurgiCenter team approach benefits both the patients and the surgeons," says Barry J. Benjamin, M.D., Infirmary otolaryngologist and president of the medical staff. Pictured here in the SurgiCenter with Marylou Cummings, R.N., Benjamin surgically inserts a tiny tube into 11-month-old April Souza's ear to prevent recurring ear infections.



1993 Statistical Report

Massachusetts Eye and Ear Infirmary

		Fiscal 1993
Inpatient Hospital 84 Beds	Discharges:	
	Eye Discharges	1,695
	ENT Discharges	2,179
	Total	3,874
	Patient Days	12,738
	Average Patient Census	35
	Average Length of Stay	3.29
	Bed Utilization	42%
Surgical Procedures	Inpatient Surgery:	
	Eye Cases	1,428
	ENT Cases	1,681
	Total	3,109
	Ambulatory Surgery:	
	Eye Cases	11,150
	ENT Cases	5,095
	Total	16,245
	Total Surgical Procedures	19,354
Outpatient Department	Ophthalmology:	
	General Eye	15,833
	Glaucoma	9,083
	Cornea	6,364
	Retina (Including Immunology)	13,519
	Neuro-Ophthalmology	2,610
	Ocular Motility	2,641
	Eye Plastic	2,786
	Eye Pediatric	2,257
	Electroretinography	2,283
	Vision Rehabilitation	1,564
	Contact Lens	2,863
	Methuen Eye Center	3,798
	Total	65,601
	Otolaryngology:	
	Stoneham Satellite Facility	18,231
	General ENT	6,739
	Head and Neck	389
	Otology	855
	ENT Pediatric	1,189
	ENT Plastic	265
	ENT Staff Associates	29,776
	Allergy	2,590
	Total	60,034
	Total Outpatient Visits	125,635
Emergency Ward	Total Visits	27,729
Special Services	Audiology Department:	
	Outpatient Visits	9,980
	Hearing Aid Center	1,498
	Evoked Response	1,465
	Radiology Department:	
	Conventional Exams	11,541
	CT Scan	4,336
	M.R.I.	1,400
	Laboratories:	
	Bacteriology (Cultures)	12,204
	Clinical Lab (Procedures)	87,842
	ENT Pathology (Specimens)	8,048
	Eye Pathology (Specimens)	7,377
	Frozen Section Laboratory	1,698
	Fluorescein Angiography	6,026
	Occupational Therapy	1,153
	Optical Shop	3,930
	Ultrasonography	2,397
	Vestibular Laboratory	2,594
	Voice and Speech Laboratory	3,103

Financial Statements

Massachusetts Eye and Ear Infirmary

as of September 30, 1993

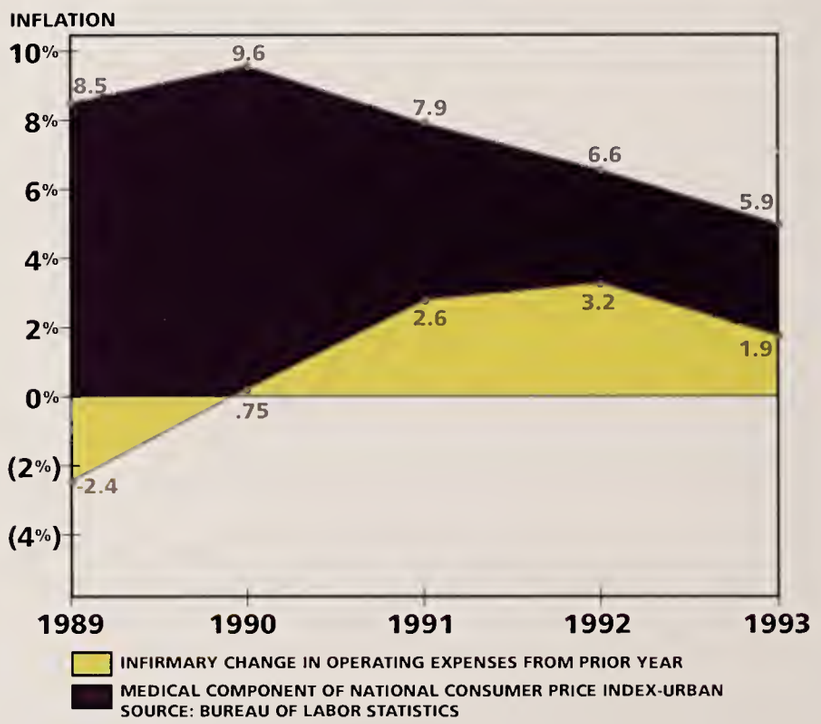
Current Assets		
Cash		$1,414,556
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)		$1,259,036
Pooled Investments		$4,029,655
Accounts Receivable	$25,508,077	
Less Allowance for Doubtful Accounts	($10,009,764)	
		$15,498,313
Inventories		$698,982
Prepaid Expenses		$234,023
Miscellaneous Accounts Receivable		$596,356
Due From Other Funds		$23,519
Total Current Assets		$23,754,440
Other Assets		
Whose Use is Limited Under Indenture		$17,526,776
Prepaid Pension Costs		$3,303,854
Deposits		$326,300
Intangible Assets (Net of Amortization)		$1,040,874
Property, Plant, and Equipment	$122,344,810	
Less Accumulated Depreciation	($57,551,247)	
		$64,793,563
Construction in Progress		$5,947,696
Total Other Assets		$92,939,063
Total Assets		**$116,693,503**
Current Liabilities		
Current Installment on Long-Term Debt and Capital Leases		$2,956,487
Accounts Payable and Accrued Expenses		$9,912,229
Current Portion Professional Liability Reserve		$594,000
Current Portion of Accumulated Post Retirement Benefit		$52,000
Due to Other Funds		$4,008,632
Estimated Settlements with Third Party Payors		$10,260,894
Total Current Liabilities		$27,784,242
Other Liabilities and Fund Balance		
Rental Deposits and Capital Leases		$11,233
Long-Term Debt, Less Current Portion		$54,627,447
Note Payable to Other Funds		$0
Accumulated Post Retirement Benefit Obligation		$659,947
Estimated Settlements withThird Party Payors		$190,716
Professional Liability Reserve		$1,142,000
Fund Balance		$32,277,918
Total Other Liabilities and Fund Balance		$88,909,261
Total Liabilities and Fund Balance		**$116,693,503**

Massachusetts Eye and Ear Infirmary Statement of Revenue and Expenses

as of September 30, 1993

Net Patient Revenue	
Net Patient Service Revenue	$57,972,047
Other Operating Revenue	
(Including $9,460,129 from Research and Other Specific Purpose Funds)	$25,190,714
Total Operating Revenue	**$83,162,761**
Operating Expenses	
Patient Service (Including Depreciation)	$73,207,221
Research and Other Specific Purpose Funds	$9,460,129
Total Operating Expenses	**$82,667,350**
Income From Operations	$495,411
Non-operating Revenue (Net of Expenses)	$798,377
Excess Revenue Over Expenses Prior to Effect of Change in Accounting Principle	**$1,293,788**
Cummulative Effect of Change in Accounting Principle to Recognize Liability for Post Retirement Health Benefits	($724,757)
Excess Revenue Over Expenses	**$569,031**

MEEI % CHANGE IN OPERATING EXPENSES
FY1989-1993



Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Restricted Funds Balance Sheet

as of September 30, 1993

Assets

Specific Purpose Funds:	
Cash and Equivalents	$140,999
Grants and Contracts Receivable	$637,019
Investments at Cost	
(Quoted Market Value: $7,346,967)	$7,218,668
Inventories	$18,682
Due from Other Funds	$4,009,311
Total	**$12,024,679**

Endowment Funds:	
Cash and Equivalents	$37,425
Investments at Cost	
(Quoted Market Value: $38,553,924)	$34,215,607
Due from Other Funds	$288,478
Total	**$34,541,510**

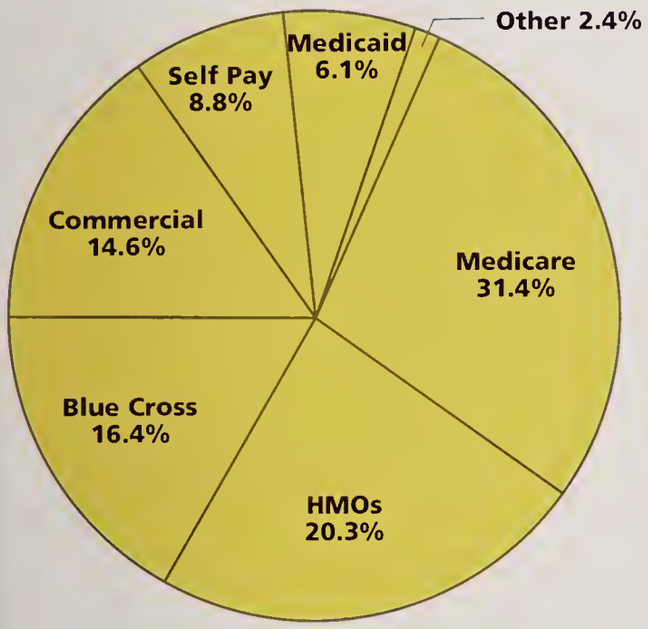
Liabilities and Fund Balances

Payable to Grant Sponsor	$100,527
Specific Purpose Funds:	
Due to Other Funds	$283,189
Fund Balances	$11,640,963
Total	**$12,024,679**

Endowment Funds:	
Due to Other Funds	$29,487
Fund Balances:	
Income Restricted	$12,311,924
Income Unrestricted	$20,338,670
Quasi-endowments	$1,861,429
Total	**$34,541,510**

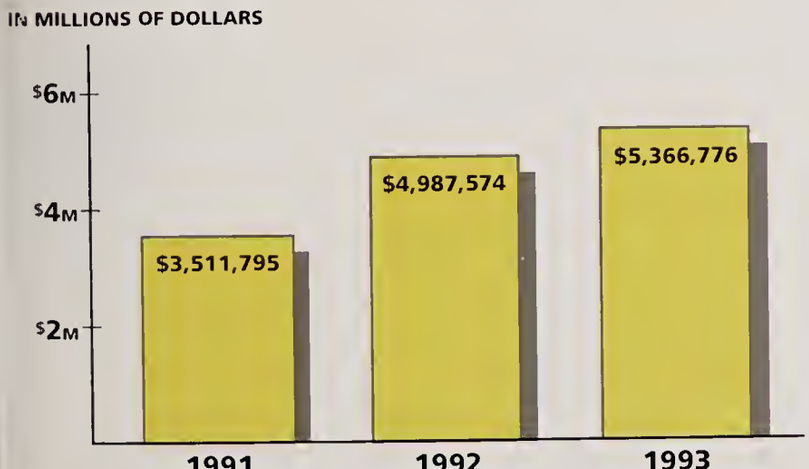
Income from Investments	$1,852,326
Gifts and Bequests:	
Unrestricted Funds	$1,096,765
Restricted Funds	$1,311,593

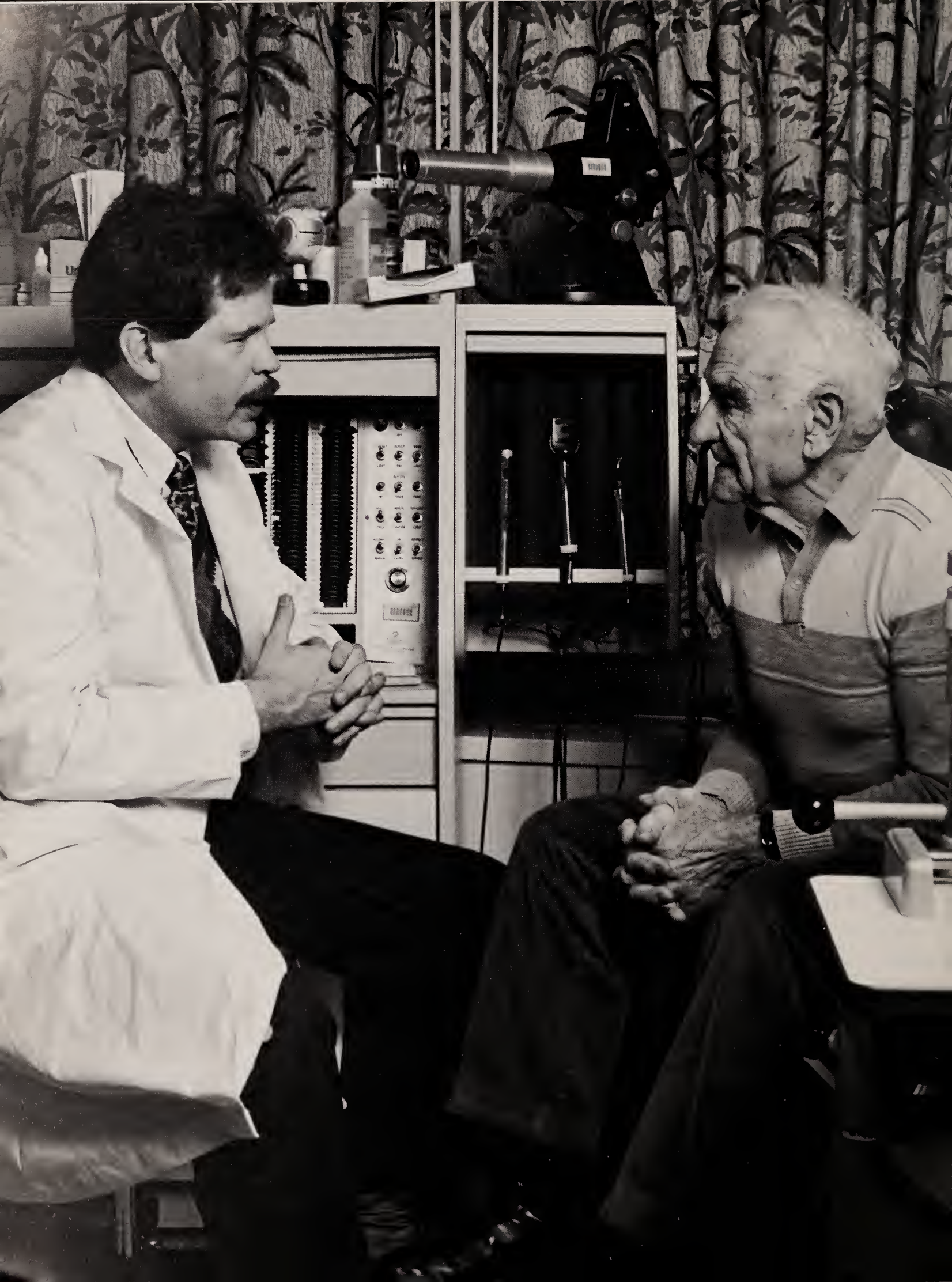
MEEI PAYOR MIX
FY1993



TOTAL REVENUE: $73,413,225

MEEI UNCOMPENSATED CARE
FY1991-1993





Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Jin Woo Kim, M.D.
Fayette C. Root, M.D.

Associate Anesthesiologists
Thomas P. Beach, M.D.
Malcolm J. Heslop, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Martin A. Acquadro, M.D.
Lynne R. Ferrari, M.D.
Gordon T. McNabb, M.D.
Tuan Xuan Nghiem, M.D.

Assistants in Anesthesiology
Gail D. Grunberg, M.D.
Janet C.F. Hsieh, M.D.
David Kliewer, M.D.
Ilya Malikin, M.D.
Gregory T. Palleschi, M.D.
Erik S. Shank, M.D.
Gabriele F. Troll, M.D.

Associate Staff

Assistants in Anesthesiology
Joseph J. Frassica, M.D.
Ismail S. Sensel, M.D.
Susan A. Vassallo, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
Philip Amrein, M.D.
Ann S. Baker, M.D.
Claire Bloom, M.D.
Angela M. Caliendo, M.D.
Christopher M. Coley, M.D.
Marlene L. Durand, M.D.
Carol Ehrlich, M.D.
Joel Finkelstein, M.D.
Robert Paul Johnson, M.D.
Spyros Kalams, M.D.
Laurence Katznelson, M.D.
Kathryn Martin, M.D.
James Meigs, M.D.
Bruce H. Mitlak, M.D.
Christopher J. O'Donnell, M.D.
Allan E. Pineda, M.D.
Ann E. Taylor, M.D.
Maureen R. Tierney, M.D.
Bruce D. Walker, M.D.

As Director of Vision Care Services for the Deaf and Hearing Impaired at the Infirmary, Andrew Baker, O.D., pictured here with patient Thomas McGee, provides a unique link between hearing impaired patients and the Infirmary's visual services. Baker is currently the only deaf optometrist in the country. "We are very proud to have Andy on the Infirmary staff," notes Infirmary President F. Curtis Smith. "I was very pleased to see him receive a 1993 Reynolds Society Achievement Award for his many contributions to the Infirmary and to the community." The Reynolds Society Achievement Award was established in1992 to honor inspirational individuals whose work helps people with sensory impairments to live more independently.

Department of Ophthalmology

Active Staff

Chief of Ophthalmology
Frederick A. Jakobiec, M.D.

Associate Chiefs of Ophthalmology
Donald J. D'Amico, M.D.
Samuel E. Navon, M.D.

Surgeons in Ophthalmology
Ann M. Bajart, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Jack F. Bowers, M.D.
Robert J. Brockhurst, M.D.
Donald D'Amico, M.D.
Richard L. Dallow, M.D.
Claes H. Dohlman, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, Jr., M.D.
H. MacKenzie Freeman, M.D.
Ephraim Friedman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
Arthur S. Grove, M.D.
Tatsuo Hirose, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D.
Joel A. Kraut, M.D.
Deborah Pavan Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
Ronald C. Pruett, M.D.
Charles D.J. Regan, M.D.
Perry Rosenthal, M.D.
Alfred W. Scott, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
John W. Shore, M.D.
Richard J. Simmons, M.D.
Felipe Tolentino, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.

Associate Surgeons in Ophthalmology
Frank G. Berson, M.D.
Chester J. Boulris, M.D.
Sheldon Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Anthony J. Fraioli, M.D.
Philip J. Harris, M.D.
Roland E. Houle, M.D.
David S. Hutchison, M.D.
Arnold J. Kroll, M.D.
Peter L. Lou, M.D.
Edward B. Murphy, Jr., M.D.
Robert A. Petersen, M.D.
Delia N. Sang, M.D.
Bradford Shingleton, M.D.
Roger Steinert, M.D.
Trexler M. Topping, M.D.
Michael D. Wagoner, M.D.
John J. Weiter, M.D.

Active Staff (continued)

Assistant Surgeons in Ophthalmology
Mark Abelson, M.D.
Anthony P. Adamis, M.D.
Maida Antigua, M.D.
Claudia Arrigg, M.D.
Gary Borodic, M.D.
Michael A. Chang, M.D.
Romeo K. Chang, M.D.
Maryanna Destro, M.D.
Evan Dreyer, M.D.
Jeffrey Gilbard, M.D.
Edward F. Goodman, M.D.
Alex Jalkh, M.D.
Jay Henry Kaufman, M.D.
Mark. A. Latina, M.D.
Mary Gilbert Lawrence, M.D.
John I. Loewenstein, M.D.
Robert A. Lytle, M.D.
Howard Marton, M.D.
Craig A. McKeown, M.D.
Ernst J. Meyer, M.D.
Joan Miller, M.D.
Shizuo Mukai, M.D.
David G. Perkins, M.D.
Richard Pesavento, M.D.
Michael K. Pinnolis, M.D.
Carmen A. Puliafito, M.D.
Donald W. Putnoi, M.D.
Thomas Richardson, M.D.
Claudia U. Richter, M.D.
Joseph F. Rizzo, M.D.
James W. Rosenberg, M.D.
Peter A.D. Rubin, M.D.
Edward Ryan, M.D.
Francis Sutula, M.D.
Daniel J. Townsend, M.D.
David M. Tracy, M.D.
John J. Woog, M.D.
Gloria Wu, M.D.
Lucy Young, M.D.

Assistants in Ophthalmology
Paul Arrigg, M.D.
Joseph F. Burke, M.D.
John B. Constantine, M.D.
Richard Feit, M.D.
David S. Gendelman, M.D.
Andrew J. Gillies, M.D.
Evan Gold, M.D.
Paul L. Gunderson, M.D.
Kevin Kaufman, M.D
Glenn P. Kimball, M.D.
Ernest W. Kornmehl, M.D.
Mark C. Kuperwaser, M.D.
Michael Loebl, M.D.
David G. Lotufo, M.D.
Richard Low, M.D.
Mariana D. Mead, M.D.
Peter A. Netland, M.D.
Michael B. Raizman, M.D.
Joel Schuman, M.D.
Jonathan Talamo, M.D.
Eliane Uninsky, M.D.
Paul Wasson, M.D.
Janey Lee Wiggs, M.D.
Susan Wong, M.D.
Terri L. Young, M.D
Stephen A. Youngwirth, M.D.

Associate Staff

Surgeons
Harry E. Braconier, M.D.
Stephen J. Fricker, M.D.
Charles Schepens, M.D.

Associate Surgeons in Ophthalmology
John M. Carroll, M.D.
Ralph H. Hinckley, M.D.
James R. Lee, M.D.
Eeva-Liisa Martola, M.D.
Clement Trempe, M.D.

Assistant Surgeons in Opthalmology
C. Davis Belcher, M.D.
David Z. Greenseid, M.D.
Eric Johnson, M.D.
Jay Henry Kaufman, M.D.
Brent Lambert, M.D.
Peter B. Mooney, M.D.
Leon Remis, M.D.
Theodore Renna, M.D.

Assistants in Ophthalmology
Frederick C. Armbruster, M.D.
Jules L. Baum, M.D.
Jean-Bernard Charles, M.D.
Robert D'Amato, M.D.
Elizabeth Daher, M.D.
Stephen Deppermann, M.D.
Miriam Dougherty, M.D.
Jay S. Duker, M.D.
Eric G. Endo, M.D.
C. Douglas Evans, M.D.
Bishara Faris, M.D.
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Robert H. Janigian, M.D.
Vicki Kvedar, M.D.
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Don C. Bienfang, M.D.
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Alexander R. Gaudio, M.D.
Richard M. Robb, M.D.

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Paul S. Bernstein, M.D.
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Jurij Bilyk, M.D.
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Edward Chaum, M.D.
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Maria Teresa Bernal, M.D.
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Robert A. Stern, M.D.
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Wenyuan Gao, M.D.
Mukhlis H. Hasso, M.D.
Shun-ichi Imamura, M.D.
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Alfred L. Weber, M.D.

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1993 Massachusetts Eye and Ear Infirmary Annual Report

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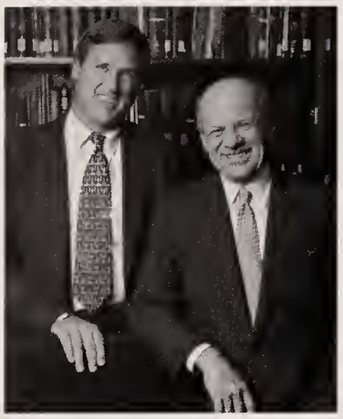
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As a teaching affiliate of Harvard Medical School, the Infirmary offers its residents and fellows the benefit of working with top-ranked clinicians and researchers. Here, first-year otolaryngology resident Evan Reiter, M.D., examines patient Helen Mou, age 6, in the Infirmary's Pediatric Otolaryngology Unit.


Guess
Jeans
U.S.A.

Report from the Chairman and the President



F. Curtis Smith (l) and Alexander A. Bernhard

In a year of great change and uncertainty for the entire health care system, the Massachusetts Eye and Ear Infirmary made important progress on many fronts.

Although it appears that the public's interest in health care reform has waned and that Congress' efforts to pass reform legislation have diminished, the forces of change have and will continue to affect the way the Infirmary and other hospitals operate. Like other institutions, the Infirmary is making a transition from an inpatient, fee-for-service facility to a largely ambulatory surgery facility in an intensive managed care marketplace.

The primary effect of these changes in 1994 was the reduction in the Infirmary's patient activity. In fiscal year 1994, our operating rooms experienced a 7 percent reduction in volume, and the number of inpatients dropped by more than 35 percent. The cumulative effect of these two trends reduced patient revenue by 12 percent, or $10.6 million. In response, we reduced our expenses by more than $6.7 million, without compromising our high quality of care. Much of the credit for these savings goes to the management group, who scaled down operations without affecting quality; to the physicians, who remained committed to providing the highest quality of care while containing costs; to the nursing leadership, who reorganized the way care was provided; to the fiscal leadership, who improved our cash situation by lowering our bad debt and significantly reducing our days in receivables; and to all of our dedicated employees, who continued to be the best caregivers in Boston. Despite these extraordinary efforts, and with some improvement in the operating room revenue account, we still ended the year with a $900,000 bottom line loss.

However, we are pleased to report that we achieved significant progress in patient care, research and education in 1994.

For the fifth straight year, *U.S. News & World Report* recognized the Infirmary as one of the country's top hospitals in our specialties. The Infirmary's Department of Otolaryngology was ranked number one in the nation, and the Department of Ophthalmology was ranked fourth.

We opened several new patient care and research facilities, including:

- the state-of-the-art Head and Neck Clinical Suite;
- the Pre-Admission Testing Center;
- the Ambulatory SurgiCenter; and
- the West Suburban Otolaryngology Center in Wellesley.

Another important advancement was the development of the Clinical Pathways Program, a collaborative project between practice groups in the patient care areas. The Clinical Pathways Program involves reviewing specific treatment plans for eye, ear, nose and throat diagnoses to develop more efficient care plans for patients, contain costs and improve patient care. More than 53 clinical pathways were developed in 1994 under the leadership of Vice President for Patient Services Carol Covell and Nursing Education Coordinator Fran Annand.

To further enhance our clinical services, the Infirmary began construction of Massachusetts' first hyperbaric oxygen unit, which will assist our physicians in providing the best possible care for people with problems related to wound healing and radiation treatment-related bone loss. This service, under the direction of Dr. Richard Fabian, will also be used to treat victims of carbon monoxide poisoning and smoke inhalation. In addition, Dr. Fabian is working with interested physicians at the Massachusetts General Hospital and Shriners Burns Institute to extend this service to their patients.

Support for research activities continued to be strong in 1994. Our total research funding grew to $9.6 million, an increase of 9.5 percent from the year before. Other research highlights include the establishment of the Research Visiting Committee, a panel of 12 nationally and internationally known ophthalmology and otolaryngology physicians and researchers who will review research projects at the Infirmary and help us define and strengthen our research efforts. In addition, we published *Programs in Research*, a 64-page report that provides an overview of Infirmary research.

1994 was also an exceptional year in the area of education at the Infirmary. In September, Dr. William Montgomery was appointed as the inaugural recipient of the Merriam Professorship in Otolaryngology, the first endowed chair in otology and laryngology at the Harvard Medical School. Four members of our ophthalmology staff, Drs. Meredithe Applebury, C. Stephen Foster, Evangelos Gragoudas and J. Wayne Streilein, were promoted to full professors at the Harvard Medical School.

We welcomed two new members to the Infirmary's Board of Directors in 1994, Neil St. John Raymond and James F. Sullivan, and we are grateful for their support. We wish to thank outgoing board members Karen Chandor, John O'Sullivan Francis, Thomas Reardon and Cathleen Douglas Stone for the time and insight they provided during their tenure. Additionally, Alexander A. Bernhard was elected the chairman of the Foundation.

Although 1994 was successful from many perspectives, the Infirmary cannot rest on its laurels. We must continue to change to meet the challenges and opportunities the financial and market forces have in store for us in 1995.

We believe we have already met a critical first challenge with the creation of the break-even operational budget for fiscal year 1995. In developing this balanced budget, however, many difficult decisions were made. We are pleased that in our efforts to reduce expenses we did not diminish the Infirmary's support for free care, education, or overall support of our academic and research efforts. Nor did we compromise our very high standard of patient care.

Through the process of developing a break-even budget for 1995, it became clear that excellence and cost-effectiveness is not enough to sustain our great institution. Therefore, we initiated an ongoing strategic planning process to position the Infirmary for the changing health care market. The participation of Drs. Frederick A. Jakobiec and Joseph B. Nadol, Jr., was integral to this process, as was the involvement of Board Members George Rabstejnek and Richard MacKinnon. Additionally, medical staff involvement was crucial in formulating our strategic directions. In the end, three major directives were developed to help the Infirmary prepare for the changing health care market.

First, we concluded that we should intensify the Infirmary's expense-reduction efforts to be cost competitive. Second, we agreed to integrate the Infirmary and its medical staff under a set of common goals for managed care. Third, in order to provide access to the broadest possible referrals from throughout the region, the Board of Directors agreed that the Infirmary should be part of a larger network.

We believe we are making significant progress on all three directives. The cost-reduction programs are ongoing. We are making significant progress in developing a network of physicians to work with the Infirmary for a capitated fee. We also believe, although an agreement has not yet been reached, that a partnership with evolve with another institution which will maximize the Infirmary's unique value in the health care market of the future.

In summary, the past year has been a time of great challenges and great accomplishments at the Infirmary. Despite current developments that are changing the way hospitals and physicians provide their services, we have enhanced our role as an international leader in ophthalmology and otolaryngology and strengthened our mission as a specialty hospital. We look forward to the years ahead and to the opportunities they will bring to the Massachusetts Eye and Ear Infirmary.



Alexander A. Bernhard,
Chairman

F. Curtis Smith,
President



Report from the Chief of Otolaryngology



Joseph B. Nadol, Jr., M.D.

The mission of the Massachusetts Eye and Ear Infirmary is to provide excellence in patient care for disorders of the eye, ear, nose, throat, head and neck; to strive for excellence in medical education; and to conduct basic and clinical research in its specialty areas. The Department of Otolaryngology made great progress in supporting this mission in 1994.

To better serve its patients, the Department has created divisions and problem-oriented centers to provide the finest in treatment for the ear, nose, throat, head and neck region. Four new problem-oriented centers were established this year:

- The Facial Nerve Disorders Center, under the direction of Dr. Michael McKenna;
- The Sinus Disorders Center, under the direction of Dr. Salah Salman;
- The Cranial Base Problems Center, a joint effort between the Infirmary and Massachusetts General Hospital; and
- The Thyroid Disorders Center, under the direction of Dr. Gregory Randolph.

Mack Cheney, M.D., director of the Facial Plastic and Reconstructive Surgery Service (right), performs rhinoplasty on a patient with the assistance of Nina S. Dauerman, M.D., an otolaryngology resident. More than 17,800 surgical procedures were conducted in the Infirmary's operating rooms in 1994.

In 1994, the Department initiated research on patient outcomes, under the direction of Dr. Richard Gliklich, to scientifically evaluate the results of clinical intervention. Initial evaluation of the Infirmary's treatment for sinus disease has received favorable review at the national level.

The Voice and Speech Laboratory, under the direction of Dr. Robert Hillman, experienced a 30 percent increase in patient visits in 1994. Under Dr. Hillman's direction, a Voice Disorders Center has been established in collaboration with other affiliated hospitals in the Department of Otology and Laryngology at the Harvard Medical School. The Center's function is to further multidisciplinary research and training programs in the area of diagnosis and treatment of laryngeal voice disorders.

The Infirmary's clinical services continue to be improved. A state-of-the-art Head and Neck Clinical Suite opened this year on the 11th floor of the Infirmary. In addition, the Department opened its second community-based Otolaryngology/Head and Neck Surgery Service in September. Under the direction of Dr. Robert Lofgren, this Wellesley-based Center provides more convenient access to the Infirmary's high quality services to people who live or work west of Boston.

A new hyperbaric oxygen center, under the direction of Dr. Richard Fabian, is being constructed on the Infirmary's 11th floor. The first in Massachusetts, the chamber will provide the best care available to patients with problems in wound healing, radiation treatment-related bone loss, diving injuries and carbon monoxide poisoning. Hyperbaric oxygen therapy promotes healing of tissues by delivering high concentrations of oxygen to stimulate growth of blood vessels and is effective as an adjunctive therapy in the treatment of cancers of the head and neck. As the leading center in the Northeast for the treatment of these cancers, the Infirmary's acquisition of the chamber will accelerate patients' healing and relieve many of pain and suffering, additional surgery, prolonged hospital stays, disfigurement and disability.

July 1, 1994 marked the one-year anniversary of a significant change in the delivery of outpatient care in the Department of Otolaryngology. All patients seen in the Department are now

assigned to the practices of members of the full-time faculty, which has significantly improved the continuity of care for patients and enhanced training opportunities for residents.

We welcomed several new members to the staff: Drs. Bryan Ho and James Demetroulakos to the part-time staff and Drs. David Bowling, Roger Nuss and Randall Wenokur to the full-time staff. The Department was saddened by the passing of two distinguished senior surgeons, Drs. John McKeigue and Richard Webster. Dr. McKeigue served as a member of the staff and faculty for 45 years and was awarded special appointment to the Senior Teaching Faculty in recognition of his years of service. Dr. Webster was known internationally for his clinical and teaching activities in the area of facial plastic and reconstructive surgery. Their talents and collegiality will be missed.

The research activity of the Department continues to be one of its major assets. Funding for research from the National Institutes of Health and other organizations totalled $6.7 million in 1994. In addition, the Infirmary and Department are exploring natural linkages with industry with the hope of harnessing the talents of diverse institutions. The most notable example of this is the collaboration of our Cochlear Implant Research Laboratory with both NYNEX and Draper Laboratories. The Cochlear Implant Laboratory is focusing on improving the implants to reduce noise. This year, the laboratory-based system was refined and implemented in the form of wearable hardware for use outside the Infirmary. Initial results have been very encouraging with significant improvements in speech recognition in quiet and in background noise.

Several Infirmary physicians from the Department of Otolaryngology realized significant scientific advances in 1994. These include:

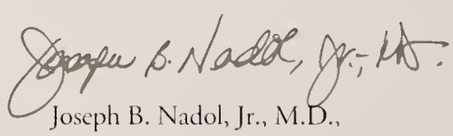
- Dr. Donald Eddington and the members of the Cochlear Implant Lab improved the way cochlear implants operate;
- Drs. Aaron Thornton and Zezhang Hou, and their colleagues in the Audiology Department, invented a computerized model to better evaluate hearing loss; and
- Drs. William Sewell, M. Charles Liberman, M. Christian Brown and Sridhar Tirumalai have identified a molecular process in the inner ear that may help prevent hearing loss caused by loud noises.

Two new laboratories opened this year in temporary space. The first, under the direction of Dr. Darlene Ketten, provides an opportunity to expand three dimensional reconstruction of the inner ear and comparative anatomy of the ear. Research in the second laboratory, directed by Drs. Rauch, Wall, Moscicki and Bloch, focuses on inner ear diseases.

In addition to sponsoring visiting professorships, the Department hosted several continuing medical education programs in 1994 including Human Temporal Bone Histopathology and Sinus and Trans-Sinus Surgery.

The Residency Training Program in Otolaryngology, in conjunction with Children's Hospital, Beth Israel Hospital, Brigham and Women's Hospital, and the New England Deaconess Hospital, provided training for 19 residents. In 1994 there were 20 research fellows, graduates of otolaryngologic training programs and post-doctoral fellows, sponsored by a variety of training grants. In addition, the Department sponsored a one-year subspecialty clinical fellowship in head and neck reconstructive surgery and a two-year fellowship in otology and neuro-otology.

The year 1994 has been one of continued progress in our effort to improve the clinical care, research and training missions in the center of excellence we call the Infirmary. The Department is grateful for the support of its patients, benefactors, researchers, clinical staff and of the Directors and Trustees who have made these efforts possible.



Joseph B. Nadol, Jr., M.D.,
Chief of Otolaryngology

Report from the Chief of Ophthalmology



Frederick A. Jakobiec, M.D.

1994 was a pivotal year for the Department of Ophthalmology at Massachusetts Eye and Ear Infirmary. Despite changes in the health care environment and in reimbursement structures, the clinical academic group practice ended the fiscal year on a positive financial note, which will lead to further support of academic activities.

The Infirmary continued to receive referrals for many challenging cases for medical and surgical management areas, as well as for the research and the development of improved therapies. Our Keratorefractive Surgery Service, under the direction of Dr. Jonathan Talamo, has been particularly successful in attracting people with new kinds of corneal problems.

In its ongoing effort to improve the quality of patient care, the Infirmary launched the last phase of its renovation project of the outpatient ophthalmology facilities in 1994. More than 30,000 square feet on the first floor of the Infirmary are being redeveloped to encompass shared facilities for primary eye care, cornea, glaucoma, ophthalmic plastics, and pediatric ophthalmology to provide greater efficiencies in the group practice. Construction of a new Molecular Genetics Institute for Dr. Thaddeus Dryja was initiated in 1994. In all, almost 70,000 square feet of clinical and laboratory space will be renovated over a three-year span.

Dr. Meredithe L. Applebury, an internationally renowned molecular geneticist, joined our faculty as a full professor and was provided with a newly renovated laboratory. Her appointment spearheads our efforts to establish an expanded basic science research program addressing the molecular biology of visual processes to understand the causes of, and best treatments for, retinal dystrophies and glaucoma. Her interests and talents complement those of other well-recognized senior investigators in the Department such as Drs. Eliot Berson and Dryja.

The Principles and Practice of Ophthalmology, a six-volume textbook, was widely disseminated throughout the field and has made an enormous impact, as witnessed by several highly favorable reviews in major scholarly journals, and the extent to which the work is being referred to by students and colleagues. The faculty members of the Department of Ophthalmology of the Harvard Medical School were instrumental in the creation of this project.

Residents and fellows of the Infirmary, together with their preceptors, had two courses published in 1994 in the largest issue ever of *International Ophthalmology Clinics* (August 1994), comprising 27 papers and 335 pages devoted to "Controversies in Ophthalmology."

Several Infirmary physicians realized significant scientific advances this year including the following:

- Dr. Berson and his colleagues demonstrated that vitamin A therapy can slow the progression of the blinding disease retinitis pigmentosa;
- Dr. Johanna M. Seddon and her colleagues found that eating dark green, leafy vegetables may reduce the risk of developing age-related macular degeneration;
- Drs. Joan Miller and Anthony Adamis discovered a cause of abnormal blood vessel growth in the eye, providing hope for those afflicted with diabetic retinopathy; and
- Dr. Donald D'Amico performed surgery on 21 patients with complicated retinal disorders using a unique erbium-YAG laser that is capable of precise tissue cutting and removal.

In addition to the foregoing contributions in ophthalmic research, 146 scientific articles in refereed journals, covering a broad spectrum of ocular subjects, were published by members of the full-time staff at the Infirmary, along with


Z D S
C V K D
Z S H N
O N V S R
K D N R O
Z K C S V
D V O H C
O H V C K
CIBA
Vision
Comfort

112 book chapters, including those contained in the *Principles and Practice* textbook.

Although there are many contemporary challenges facing teaching hospitals, the Infirmary, the Schepens Eye Research Institute and the Harvard Medical School Department of Ophthalmology remain committed to education and research, both of which enhance patient care by challenging the status quo in therapy and introducing improved treatments. This is reflected in the high rating the clinical department receives each year in the national hospital survey published by *U.S. News & World Report.*

As I look back over my first five years as Chairman of the Department of Ophthalmology at the Harvard Medical School and Chief of Ophthalmology at the Massachusetts Eye and Ear Infirmary, I am proud of many accomplishments, but particularly of helping to maintain and enrich an academic environment that supports the high level of residency and fellowship education, as well as faculty development at the Infirmary and in other divisions of the department.

Of the 32 residents and 120 fellows who have graduated from the Infirmary between 1990 and 1993, two-thirds of the residents and one-half of the fellows have obtained full-time faculty positions. Three faculty members have gone on to become professors and chairmen of other departments – a record unmatched elsewhere in ophthalmology. We are gratified that our Department is a fertile training ground for providing faculty and leaders for other institutions.

Joel Kraut, M.D., president of the medical staff and medical director of the Vision Rehabilitation Service, demonstrates to Alice Helvitz how to use a hand-held magnifying glass. The Vision Rehabilitation Service provides medical care, counseling and instruction to those with low vision to help them compensate for their sight loss.

Over the past five years, 52 tuition-bearing continuing medical education courses on many topics have been given by the faculty, residents and fellows of the Infirmary, with five book-length publications issuing from these courses.

I look forward to the next five years, wherein I expect to see even larger dividends returned on the investment of the first five. I express my deep gratitude to my supportive colleagues, the Board of Directors of the Infirmary, the President of the Infirmary, and the Dean of the Harvard Medical School.

Frederick A. Jakobiec, M.D.,
Chief of Ophthalmology



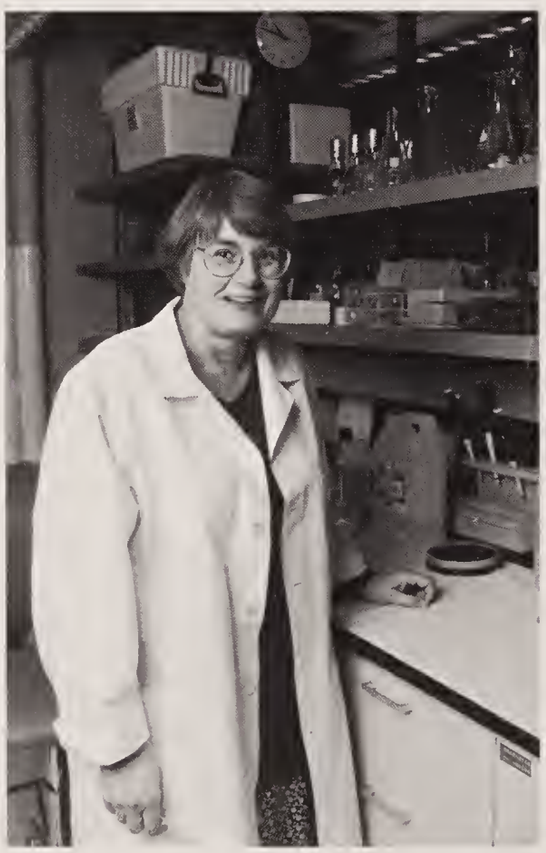
Infirmary Ranked Among Top U.S. Hospitals

For the fifth consecutive year, **the Infirmary placed among the nation's top hospitals** in the 1994 *U.S. News & World Report*'s "Best Hospitals" survey. The Infirmary was ranked first in otolaryngology and fourth in ophthalmology.



Programs in Research

A new Infirmary publication, ***Programs in Research,*** was printed in 1994. A collection of more than 50 synopses about different research projects underway at the Infirmary, *Programs in Research* features a wide range of projects, from basic science and molecular genetics research to clinically based studies in ophthalmology and otolaryngology.



World-renowned molecular geneticist Meredithe Applebury, Ph.D.

Renowned Geneticist Joins Ophthalmology Staff

World-renowned molecular geneticist **Meredithe Applebury,** Ph.D., joined the Infirmary's ophthalmology staff as director of the newly established Genetic Research Laboratory in 1994. Applebury is known primarily for her ground breaking work in cellular biology of the eye and for the development of innovative investigative techniques.

Take A Chance!



Massachusetts Eye and Ear Infirmary
May 21, 1994

L.V.C. Benefit Gala

In May, the Ladies Visiting Committee at the Infirmary staged its annual benefit event. Held in the Infirmary's dining room, the evening, entitled "Take a Chance!," featured raffles for many items, a silent auction, dinner, and dancing. The event raised more than $13,000 to fund the L.V.C.'s pediatric programs at the Infirmary.



N. Edgar Miles, M.D., (seated, center) and the 1994 senior class of ophthalmology residents.

Pediatric Fund Established

Among the Infirmary's most generous donors in 1994 was N. Edgar Miles, M.D., a 1937 graduate of the Infirmary's ophthalmology residency training program. Miles, who has been a pediatric ophthalmologist in Birmingham, Alabama, for the past 50 years, donated $500,000 to establish the **Miles Pediatric Research Fund** at the hospital.

Klugman Speaks at Reynolds Society Dinner

Actor Jack Klugman and WBZ-TV's Bob Lobel were the special guests at the **eighth annual Reynolds Society Dinner** held in October. Klugman, known chiefly for his portrayal of Oscar Madison on the television series "The Odd Couple," was also a featured speaker at the event. Prompted by Lobel, the actor shared his thoughts on his battle with laryngeal cancer, his love of horse racing, his career, and his recent return to the stage.

Community Service

Once again in 1994, many members of the Infirmary staff volunteered their time and expertise to provide **free vision and hearing screenings** to residents of the Boston area, in cooperation with organizations such as the Watertown Council on Aging's Senior Center, the Cambridge Housing Authority, and the YMCA. The Infirmary also participated in screenings and educational programs associated with the National Eye Institute's 25th Anniversary, an event which featured "VISION," a traveling interactive exhibit at the Museum of Science about the eye, its functions, and ophthalmic research.



WBZ-TV's Bob Lobel and actor Jack Klugman.

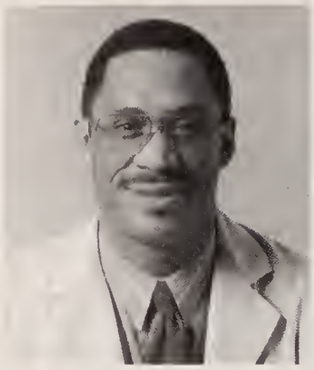


Infirmary ophthalmology resident Brad Foster, M.D., with an eye screening patient.

Head and Neck Clinical Suite Opens

The Infirmary's newly renovated **Head and Neck Clinical Suite** opened in 1994, offering both physicians and patients a model environment for outpatient care of head and neck disorders. Construction also began in the unit for the installation of a hyperbaric oxygen chamber. The first of its kind in Massachusetts, the chamber will be used to treat patients who have problems with wound healing and radiation treatment-related bone loss, as well as those who have suffered from carbon monoxide poisoning or are victims of diving accidents.

1994 Employee Stars



January
Warren Beach
Pharmacy



February
Mary Waterman, R.N.
Nursing



March
Daniel Felch
Data Processing



April
Jean Oliver
Payroll



May
Joan Hegarty
Vision Rehabilitation Service



June
Thomas Keane
Eye Plastics Service



July
Lorraine Brennan, R.N.
Nursing--11th floor



August
Joyce Klosciewicz
ENT



September
Carolyn Kurker
Child Life



October
Judith Kelley
ENT

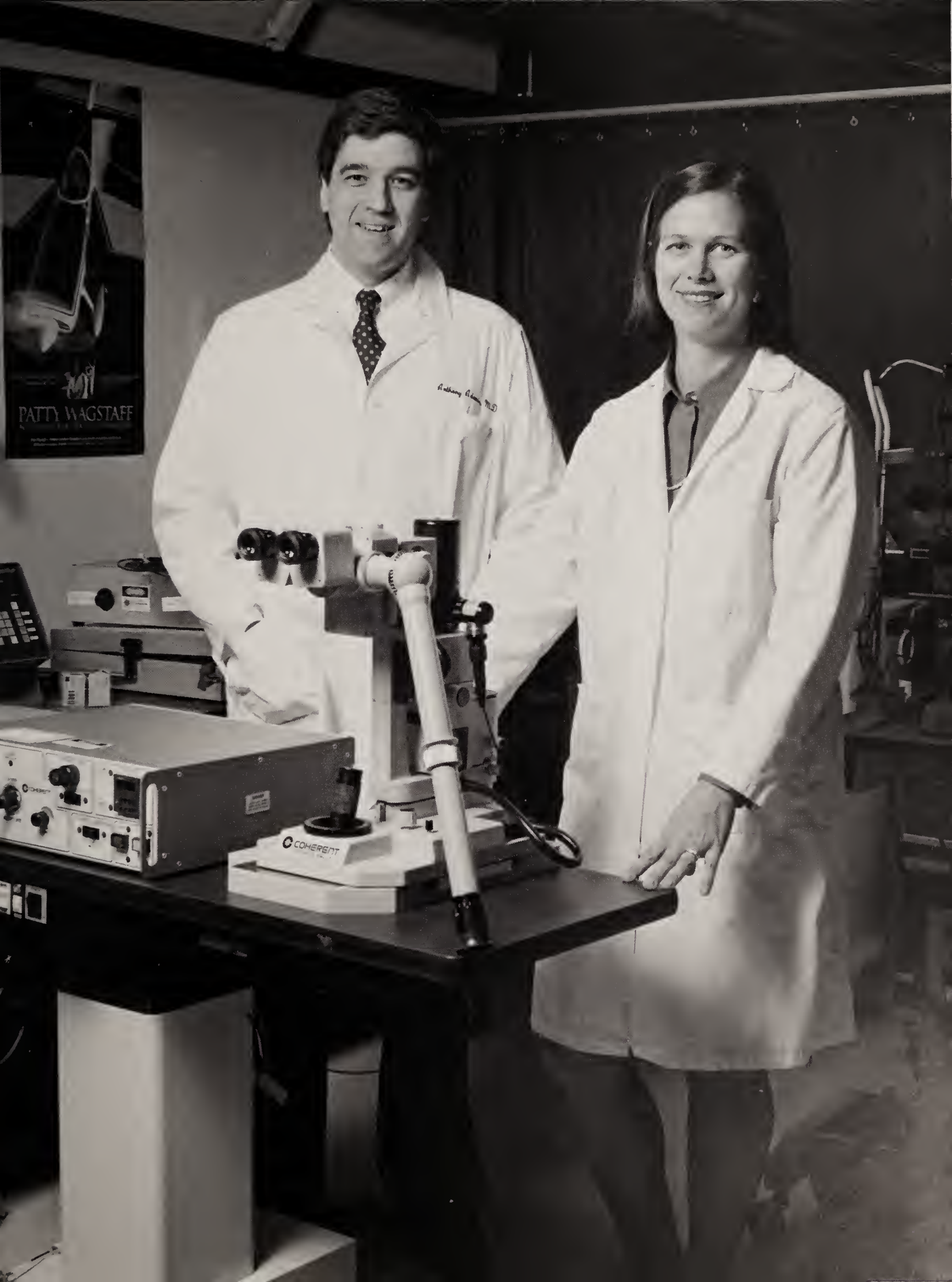


November
Tarsha O'Neal
Dietary



December
Ellen Fennell
Clinical Engineering

1994 was a year of several scientific breakthroughs for Infirmary researchers. One major development was the discovery by Anthony Adamis, M.D., and Joan Miller, M.D., that the protein Vascular Endothelial Growth Factor stimulates the abnormal growth of blood vessels in the eye. This discovery may provide some answers regarding the causes and treatments of diabetic retinopathy and macular degeneration.


PATTY WAGSTAFF
COHERENT

1994 Financial Statements

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Unrestricted Funds Balance Sheet

as of September 30, 1994

Current Assets		
Cash		$767,316
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)		$1,263,845
Pooled Investments		$2,154,225
Investments		$1,700,042
Accounts Receivable	$22,584,842	
Less Allowance for Doubtful Accounts	($8,046,788)	
		$14,538,054
Inventories		$769,162
Prepaid Expenses		$303,996
Miscellaneous Accounts Receivable		$739,355
Due from Other Funds		$112,437
Total Current Assets		$22,348,432
Other Assets		
Assets Whose Use is Limited		$12,654,566
Prepaid Pension Costs		$3,040,555
Deposits		$312,100
Intangible Assets (Net of Amortization)		$927,875
Property, Plant & Equipment	$129,774,094	
Less Accumulated Depreciation	($62,983,825)	
		$66,790,269
Construction in Progress		$5,758,183
Total Other Assets		$89,483,548
Total Assets		$111,831,980
Current Liabilities		
Current Portion of Long-term Debt		$3,016,922
Accounts Payable and Accrued Expenses		$10,199,678
Current Portion Professional Liability Reserve		$601,170
Due to Other Funds		$4,804,872
Estimated Settlements with Third Party Payors		$8,185,742
Total Current Liabilities		$26,808,384
Other Liabilities and Fund Balance		
Long-term Debt, Less Current Portion		$51,703,189
Accumulated Post Retirement Benefit Obligation		$683,102
Professional Liability Reserve		$1,339,000
Fund Balance		$31,298,305
Total Other Liabilities and Fund Balance		$85,023,596
Total Liabilities and Fund Balance		$111,831,980

1994 Financial Statements

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Restricted Funds Balance Sheet

as of September 30, 1994

Assets

Specific Purpose Funds:	
Cash and Equivalents	$99,976
Grants and Contracts Receivable	$285,020
Investments at Cost	
(Quoted Market Value: $7,758,585)	$7,665,073
Due from Other Funds	$4,834,854
Other Assets	$136,295
Total	$13,021,218

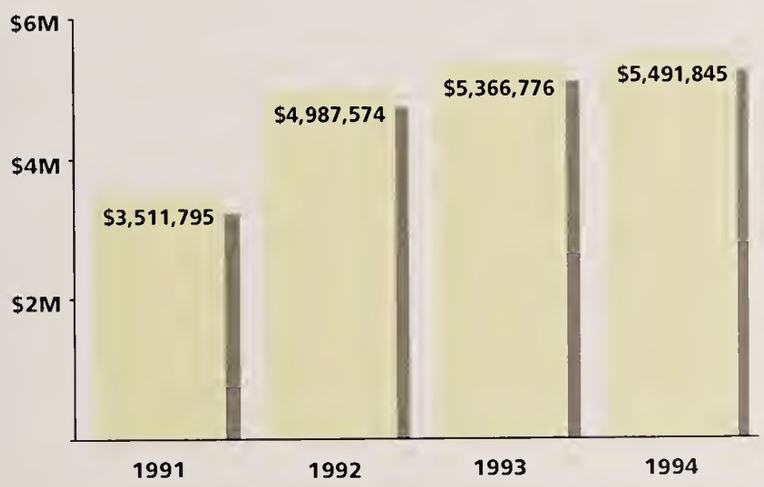
Endowment Funds:	
Investments at Cost	
(Quoted Market Value: $37,906,728)	$37,878,282
Total	$37,878,282

Liabilities and Fund Balances

Specific Purpose Funds:	
Fund Balances	$13,021,218
Total	$13,021,218

Endowment Funds:	
Due to Other Funds	$140,673
Fund Balances:	
Income Restricted	$13,906,839
Income Unrestricted	$21,816,943
Quasi-endowments	$2,013,827
Total	$37,878,282

MEEI Uncompensated Care FY1991-1994



1994 Financial Statements

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Statement of Revenue and Expenses of the General Funds

as of September 30, 1994

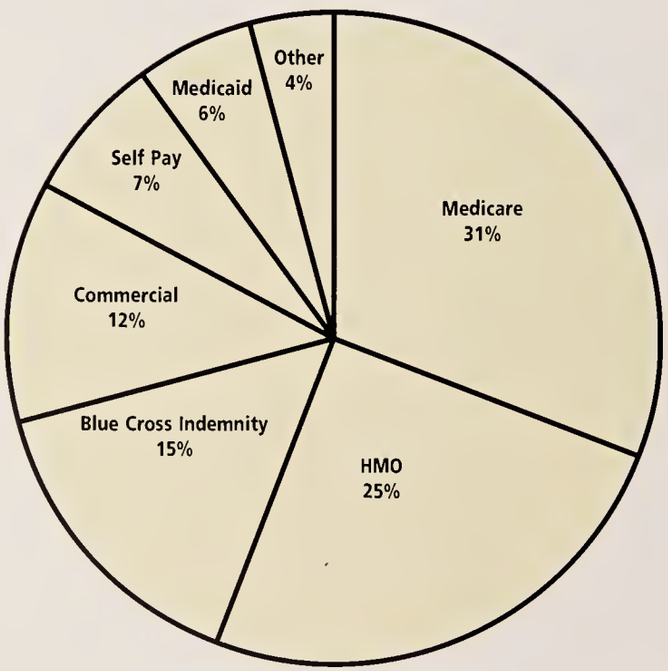
Net Patient Revenue	
Net Patient Service Revenue	$73,781,961
Other Operating Revenue	
(Including $9,732,641 from Research and Other Specific Purpose Funds)	$17,550,964
Total Operating Revenue	$91,332,925
Operating Expenses	
Related to Patient Services	$85,617,145
Related to Research and Other Specific Purpose Funds	$9,732,641
Total Operating Expenses	$95,349,786
Loss from Operations Before Reducton of Prior Years' Reserves	($4,016,861)
Reduction of Prior Years' Reserves	$2,141,000
Loss from Operations	($1,875,861)
Non-operating Revenue (Net of Expenses)	$955,319
Revenue and Gains Less than Expenses	($920,542)

In addition, the Foundation received the following restricted funds income:

Gifts and Bequests	$4,490,729
Investment Income	
Interest and Dividends	$811,601
Realized Gains and Losses	$2,560,755

A copy of the audited financial statements is available upon request from the Office of Public Affairs, (617) 573-3340.

MEEI Payor Mix FY1994



Lorraine Brennan, R.N., Head and Neck Unit, received the American Cancer Society's prestigious Lane W. Adams Award for excellence in cancer nursing in 1994. Nominated by her patients, their families, her managers and co-workers, Brennan, pictured here with patient Mary Sheehan, was one of only 14 recipients of the award nationwide.



1994 Statistical Report

Massachusetts Eye and Ear Infirmary

Fiscal Year 1994

Inpatient Hospital 65 Beds	Discharges	
	Eye Discharges	1,118
	ENT Discharges	1,719
	Total	**2,837**
	Patient Days	9,318
	Average Patient Census	26
	Average Length of Stay	3.28
	Bed Utilization	40%
Surgical Procedures	Inpatient Surgery:	
	Eye Cases	858
	ENT Cases	1,170
	Total	2,028
	Ambulatory Surgery:	
	Eye Cases	10,944
	ENT Cases	4,877
	Total	15,821
	Total Surgical Procedures	**17,849**
Outpatient Department	**Ophthalmology:**	
	General Eye	15,069
	Glaucoma	8,028
	Cornea	5,973
	Retina (Including Immunology)	14,187
	Neuro-Ophthalmology	2,762
	Ocular Motility	1,885
	Eye Plastic	1,321
	Eye Pediatric	1,063
	Electroretinography	2,669
	Vision Rehabilitation	1,559
	Contact Lens	2,694
	Methuen Eye Center	3,743
	Total	60,953
	Otolaryngology	
	Stoneham Center	15,380
	Wellesley Center	3,787
	Infirmary	39,204
	Total	58,371
	Total Outpatient Visits	**119,324**
Emergency Room	**Total Visits**	**25,472**
Special Services	Audiology Department	
	Outpatient Visits	10,980
	Hearing Aid Center	2,229
	Evoked Response	1,232
	Radiology Department	
	Conventional Exams	7,069
	CT Scan	4,265
	M.R.I.	1,491
	Laboratories	
	Bacteriology (Cultures)	11,874
	Clinical Lab (Procedures)	71,723
	ENT Pathology (Specimens)	7,168
	Eye Pathology (Specimens)	7,067
	Frozen Section Laboratory	1,655
	Fluorescein Angiography	6,094
	Occupational Therapy	1,023
	Optical Shop	6,165
	Ultrasonography	2,897
	Vestibular Laboratory	2,316
	Voice and Speech Laboratory	4,393

Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Malcolm J. Heslop, M.D.
Jin Woo Kim, M.D.

Associate Anesthesiologists
Thomas P. Beach, M.D.
Janine Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Martin A. Acquadro, M.D.
Lynne Ferrari, M.D.
Gail D. Grunberg, M.D.
Ilya Malikin, M.D.
Gordon T. McNabb, M.D.
Tuan Xuan Nghiem, M.D.
Gregory T. Palleschi, M.D.
Erik S. Shank, M.D.
Gabriele F. Troll, M.D.

Assistants in Anesthesiology
Juan Damiani-Rivera, M.D.
Ronald J. Minter, M.D.

Associate

Assistant in Anesthesiology
Joseph J. Frassica, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
Robert P. Aftring, M.D.
Claire Bloom, M.D.
Angela M. Caliendo, M.D.
Christopher M. Coley, M.D.
Carol Ehrlich, M.D.
Joel S. Finkelstein, M.D.
Spyros A. Kalams, M.D.
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Joonsup Lee, M.D.
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James B. Meigs, M.D.
Bruce H. Mitlak, M.D.
Allan E. Pineda, M.D.
Ann E. Taylor, M.D.
Ramnik J. Xavier, M.D.

Infectious Disease Unit
Ann S. Baker, M.D.
Marlene L. Durand, M.D.

Department of Ophthalmology

Active Staff

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Associate Chiefs of Ophthalmology
Donald J. D'Amico, M.D.
John I. Loewenstein, M.D.
Roberto Pineda, II, M.D.

Surgeons in Ophthalmology
Ann M. Bajart, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Jack F. Bowers, M.D.
Robert J. Brockhurst, M.D.
Donald J. D'Amico, M.D.
Richard L. Dallow, M.D.
Claes H. Dohlman, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, M.D.
H. MacKenzie Freeman, M.D.
Ephraim Friedman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
Arthur S. Grove, M.D.
Tatsuo Hirose, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D., Ph.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
Deborah P. Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
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Ronald C. Pruett, M.D.
Charles D. J. Regan, M.D.
Perry Rosenthal, M.D.
Alfred W. Scott, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
John W. Shore, M.D.
Richard J. Simmons, M.D.
Felipe I. Tolentino, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.

Associate Surgeons
Frank G. Berson, M.D.
Chester J. Boulris, M.D.
Sheldon M. Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Anthony J. Fraioli, M.D.
Alexander R. Gaudio, M.D.
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Roland E. Houle, M.D.
David S. Hutchison, M.D.
James R. Lee, M.D.
Peter L. Lou, M.D.
Robert A. Petersen, M.D.
Delia N. Sang, M.D.
Bradford J. Shingleton, M.D.
Roger F. Steinert, M.D.
Trexler M. Topping, M.D.
Michael Wagoner, M.D.‡
John J. Weiter, M.D.

Assistant Surgeons
Mark Abelson, M.D.
Anthony P. Adamis, M.D.
Maida P. Antigua, M.D.
Claudia A. Arrigg, M.D.
Paul G. Arrigg, M.D.
Gary E. Borodic, M.D.
Michael A. Chang, M.D.
Romeo K. Chang, M.D.
Maryanna Destro, M.D.
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Jeffrey P. Gilbard, M.D.
Edward F. Goodman, M.D.
Paul L. Gunderson, M.D.
Alex E. Jalkh, M.D.
Mark A. Latina, M.D.
John I. Loewenstein, M.D.
Robert A. Lytle, M.D.
Howard Z. Marton, M.D.
Craig A. McKeown, M.D.
Ernst J. Meyer, M.D.
Joan Miller, M.D.
Shizuo Mukai, M.D.
David G. Perkins, M.D.
Richard P. Pesavento, M.D.
Michael K. Pinnolis, M.D.
Carmen A. Puliafito, M.D.
Donald W. Putnoi, M.D.
Thomas M. Richardson, M.D.
Claudia U. Richter, M.D.
Joseph F. Rizzo, M.D.
James W. Rosenberg, M.D.
Peter A.D. Rubin, M.D.
Edward A. Ryan, M.D.

‡ on leave of absence

Active Staff (Continued)

Francis C. Sutula, M.D.
Daniel J. Townsend, M.D.
David M. Tracy, M.D.
John J. Woog, M.D.
Gloria Wu, M.D.
Lucy H. Young, M.D., Ph.D.

Assistants in Ophthalmology
John B. Constantine, M.D.
Eric G. Endo, M.D.
Richard H. Feit, M.D.
Macie Finkelstein, M.D.
David S. Gendelman, M.D.
Andrew J. Gillies, M.D.
Evan B. Gold, M.D.
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Thomas Smith, M.D.
Neal G. Snebold, M.D.
Jonathan H. Talamo, M.D.
Eliane Uninsky, M.D.
Paul J. Wasson, M.D.
Lawrence E. Weene, M.D.
Richard S. Weinhaus, M.D.
Janey Lee Wiggs, M.D., Ph.D.
Susan Wong, M.D.
Stephen A. Youngwirth, M.D.

Associate Staff

Surgeons
Harry E. Braconier, M.D.
Stephen J. Fricker, M.D.
Charles L. Schepens, M.D.

Associate Surgeons
John M. Carroll, M.D.
Ralph H. Hinckley, M.D.
Clement Trempe, M.D.

Assistant Surgeons
C. Davis Belcher, M.D.
David Z. Greenseid, M.D.
Eric H. Johnson, M.D.
Jay Henry Kaufman, M.D.
Brent W. Lambert, M.D.
Peter B. Mooney, M.D.
Leon L. Remis, M.D.
Theodore Renna, M.D.

Assistants in Ophthalmology
Frederick C. Armbruster, M.D.
Jules L. Baum, M.D.
Joseph F. Burke, M.D.
Jean-Bernard Charles, M.D.
Edward Chaum, M.D., Ph.D.
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Elizabeth Daher, M.D.
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Miriam Dougherty, M.D.
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Bishara Faris, M.D.
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Kweku Ghartey, M.D.
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Elias Reichel, M.D.
Martin D. Richler, M.D.
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Vikas K. Jain, M.D.
Vicki S. Kvedar, M.D.
Thomas Margolis, M.D.
M. Lisa McHam, M.D.
Mehul C. Mehta, M.D.
Bryan K. Rutledge, M.D.
Martha P. Schatz, M.D.
Brian L. Schwam, M.D.

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Surgeons
S. Arthur Boruchoff, M.D.
Robert C. Lawlor, M.D.

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Lloyd M. Aiello, M.D.
Don C. Bienfang, M.D.
Leo T. Chylack, M.D.
Eeva-Liisa Martola, M.D.
Richard M. Robb, M.D.

Assistant Surgeon
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Shelley G. McKee

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Elio Raviola, M.D., Ph.D.

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Irving L. Pavlo, M.D.

Associate Surgeon
Paul F. Vinger, M.D.

Assistant in Ophthalmology
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Henry A. Mosher, M.D.
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Silvio R. Von Pirquet, M.D.
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Carl G. Freese, Jr., M.D.
John M. Hill, M.D.
Donald R. Weis, M.D.

Assistant Surgeons
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Clinical Fellows

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Martha A. Howard, M.D.
Sandra M. Johnson, M.D.
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Martha H. Montenegro, M.D.
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William J. Power, M.B., B.Ch.
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Juancho Francisco Remulla, M.D.
Chander N. Samy, M.D.
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Scott M. Steidl, M.D.
William G. Stinson, M.D.
Albert T. Vitale, M.D.
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Clinical Research Assistants

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Dorothy J. Roof, Ph.D.
Michael A. Sandberg, Ph.D.
King To, M.D.
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Jing Xiong, M.D.
Xun Zhang, Ph.D.

Research Fellows

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Marco C. Helena, M.D.
Koji Hirano, M.D.
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Hiromasa Igarashi, M.D., Ph.D.
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Jeffrey P. Johnston, Ph.D.
Ekaterini C. Karatza, M.D.
Stilianos Karditsas, M.D.
Baerbel M. Kenyon, M.D.
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Masoud Soheilian, M.D.
Michael J. Tolentino, M.D.
Nuriye I. Tutkun, M.D.
Jesus Vidaurri-Leal, M.D.
Shuji Yamamoto, M.D.

Residents

Bonnie B. An, M.D.
Jeffrey W. Berger, M.D., Ph.D.
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Scott C. Brun, M.D.
Emily J. Ceisler, M.D.
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Emil W. Chynn, M.D.
Thomas A. Ciulla, M.D.
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Bradley S. Foster, M.D.
Jeffrey K. Gregory, M.D.
Peter K. Kaiser, M.D.
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Young H. Kwon, M.D., Ph.D.
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Philip J. Rosenfeld, M.D., Ph.D.
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Nasrollah Samiy, M.D.
Jill Ann Smith, M.D.
Antonio F. Vinals, M.D.
Sonia H. Yoo, M.D.
Timothy T. You, M.D.

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Cataract Consultation and General Eye Service
Edward B. Murphy, Jr., M.D., Co-Director
Frederick A. Jakobiec, M.D., Co-Director

Cornea and External Disease Service
Jonathan H. Talamo, M.D., Acting Director

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Donald J. D'Amico, M.D., Director

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Eliot L. Berson, M.D., Director

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Methuen Eye Center
Jack F. Bowers, M.D., Director

Morse Laser Center
Evangelos S. Gragoudas, M.D., Director

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Simmons Lessell, M.D., Director

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Ophthalmic Pathology
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Vision Rehabilitation Service
Joel A. Kraut, M.D., Medical Director

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King To, M.D.
Thomas S. Vihtelic, D.V.M., Ph.D.
Jing Xiong, Ph.D.

Department of Otolaryngology

Active Staff

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Joseph B. Nadol, Jr., M.D.

Surgeons
Barry J. Benjamin, M.D.
Roland D. Eavey, M.D.
Howard M. Ecker, M.D.
A. Greer Edwards, M.D.
Richard L. Fabian, M.D.
Edward J. Glinski, M.D.
C. Edward Jackson, M.D.
Edward E. Jacobs, M.D.
Parviz Janfaza, M.D.
Roy A. Johnson, M.D.
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Thomas R. Klein, M.D.
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William W. Montgomery, M.D.
Joseph A. Moretti, M.D.
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David E. Nash, M.D.
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Steven D. Rauch, M.D.
Edward J. Reardon, M.D.
Salah D. Salman, M.D.

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Mack L. Cheney, M.D.
Michael J. Cunningham, M.D.
Robert H. Freedman, M.D.
Peter N. Friedensohn, M.D.
Richard Hillel, M.D.
Michael P. Joseph, M.D.
Ely A. Kirschner, M.D.
Robert M. Kiskaddon, M.D.
Ralph B. Metson, M.D.
H. Gregory Ota, M.D.

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Stephen W. Parker, M.D.

Assistant Surgeons
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Bjorn Bie, M.D.
Jeffrey S. Brown, M.D.
Thomas A. Chasse, M.D.
Pamela F. Diamond, M.D.
Edward Donovan, M.D.
Terry Garfinkle, M.D.
James Hughes, M.D.
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George Kazda, M.D.
Paul M. Konowitz, M.D.
Lawrence Mambrino, M.D.
Michael J. McKenna, M.D.
Jo Shapiro, M.D.
Michael A. Williams, M.D.
Steven M. Zeitels, M.D.

Consultant in Allergy and Immunology
Martin G. Ostro, M.D.

Consultant in Otoneurology
John G. Oas, M.D.

Pathologist
Max Goodman, M.D.

Assistant Pathologist
Ben Z. Pilch, M.D.

Assistants in Otolaryngology
Samir Bhatt, M.D.
David M. Bowling, M.D.
Richard E. Gliklich, M.D.
Maynard C. Hansen, M.D.
James W. Lucarini, M.D.
Saumil N. Merchant, M.D.
Roger C. Nuss, M.D.
Gregory W. Randolph, M.D.
Eric H. Stein, M.D.
Robert A. Stern, M.D.
Randall K. Wenokur, M.D.

Assistant in Otolaryngology (Neurology)
Robert A. Levine, M.D.

Associate Staff

Associate Surgeons
Robert P. Cipro, M.D.
Marvin P. Fried, M.D.
Bruce R. Gordon, M.D.
Clarence E. Kylander, M.D.
Trevor J. McGill, M.D.
Charles M. Norris, M.D.
J. Nicholas Vandemoer, M.D.

Assistant Surgeons
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Stuart H. Bentkover, M.D.
Richard A. Moss, M.D.
Stephen Smith, M.D.
David M. Vernick, M.D.

Assistants in Otolaryngology
Harsha V. Gopal, M.D.
Brian T. Ho, M.D.
Cheong H. Kim, M.D.
Ronald W. Lane, M.D.
Arthur M. Lauretano, M.D.
Mark Poulin, M.D.
Renee Rossi, M.D.

Consultant in Dermatologic Surgery
Jessica Fewkes, M.D.

Consultant in Neurosurgery
Robert Ojemann, M.D.

Consultant in Speech Pathology
Michael Curran

Consulting Staff

Consultant in Allergy and Immunology
Richard A. Moscicki, M.D.

Consultant in Dermatology
Oon T. Tan, M.D.

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Consultant in Prosthodontia
Peter E. Goldberg, D.M.D.

Consultant in Radiation Oncology
Paul G. McKeough, M.D.

Courtesy Staff

Assistant Surgeons
Charles Leidner, M.D.
Joseph H. Oyer, M.D.
Eduardo Troya, M.D.

Assistants in Otolaryngology
James L. Demetroulakos, M.D.
Mark A. Varvares, M.D.

Honorary Staff

Associate Surgeon
William G. Lavelle, M.D.

Associate Surgeon (Neurology)
Alfred D. Weiss, M.D.

Chief Emeritus
Harold Schuknecht, M.D.

Surgeons
Robert E. Klotz, M.D.
John M. Kurkjian, M.D.

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J. Charles Drooker, M.D.
John R. Frazee, M.D.

Surgeons
Yale J. Berry, M.D.
William L. Hayden, M.D.
Edgar M. Holmes, M.D.
Alfred L. Hurst, M.D.
Charles Kent, M.D.
John C. Trakas, M.D.

Clinical Fellows

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Cliff A. Megerian, M.D.
Marie-Claude Quintal, M.D.
Jamie M. Rappaport, M.D.

Research Fellows

Gerald P. Bailey, D.D.S.
Sang Hun Hong, M.D.
Shun-ichi Imamura, M.D.
Mohd Amin Jalaludin, M.D.
Chul H. Jang, M.D.
Tetsuaki Kawase, M.D.
Toshihiko Kikuchi, M.D.
Evangelos N. Manolis, M.D.
Angel Merchan-Perez, M.D.
Yasuhiko Sakikawa, M.D.
Jose E. San Martin, M.D.
Mitsuaki Satake, M.D.
Jian Shen, M.D.
Sridhar S. Tirumalai, Ph.D.
Jun Tsuji, M.D.

Residents

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Albert Assad, M.D.
Neil Bhattacharyya, M.D.
Howard P. Boey, M.D.
Nicolas Y. BuSaba, M.D.
David S. Caradonna, M.D.
Nina Shapiro Dauerman, M.D.
Wade W. Han, M.D.
Eric S. Kass, M.D.
David A. Kieff, M.D.
Amy Lai, M.D.
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Anna E. Petropoulos, M.D.
Evan R. Reiter, M.D.
Theodoros Teknos, M.D.
Eugene G. Tudor, M.D.
Darshan K. Vyas, M.D.

Services

Alaryngeal Speech
Eve Herbert, R.N., Director

Audiological Services
Aaron R. Thornton, Ph.D., Director

Auditory Evoked Response
Joseph B. Nadol, Jr., M.D., Medical Director

Cranial Base Center
In conjunction with the Departments of Neurosurgery and Radiation Oncology, MGH

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William W. Montgomery, M.D., Director

ENT Emergency Service
Mack L. Cheney, M.D., Director

Facial Plastics and Reconstructive Surgery Service
Mack L. Cheney, M.D., Director

Facial Nerve Center
Michael J. McKenna, M.D., Director

General ENT Outpatient Service
Salah D. Salman, M.D., Director

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Richard L. Fabian, M.D., Director

Intermediate Care Unit
Richard L. Fabian, M.D., Director

Jenks Vestibular Diagnostic Laboratory
Conrad Wall, III, Ph.D., Director
John Oas, M.D., Medical Director

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Steven D. Rauch, M.D., Coordinator

Otolaryngologic Allergy and Immunology Service
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Otolaryngologic Pathology Service
Max Goodman, M.D., Director

Otology Service
Joseph B. Nadol, Jr., M.D., Director

Pediatric Otolaryngology Service
Roland D. Eavey, M.D., Director

Residency Training
Joseph B. Nadol, Jr., M.D., Director

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The Massachusetts Eye and Ear Infirmary would like to acknowledge the following foundations, corporations, trusts, and organizations for their support during fiscal year 1994.

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*deceased

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The Infirmary gratefully acknowledges the thoughtfulness of those individuals who supported the hospital through a bequest.

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Estate of Minerva Bravman
Ruth R. Davidson Trust
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Estate of Gertrude P. Smith
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Estate of Fred W. St. Lawrence
Estate of Kate I. Waters
Estate of Myles L. Widber

Planned Giving

From its beginning 170 years ago, and in every challenge since, the Infirmary's source of strength and promise has been found in enlightened philanthropists who have helped us sustain our mission. As we move towards the 21st century, we hope to build upon this legacy of support and to encourage our benefactors to participate in the stewardship of the Massachusetts Eye and Ear Infirmary. The Life Income Programs of the Foundation of the Massachusetts Eye and Ear Infirmary offer very attractive ways to support research, teaching and patient care programs. The following summary of giving vehicles is designed to provide you with a basic understanding of the benefits of each life income plan. It is intended to point you in the right direction. We encourage you to further explore the options in order to develop a charitable giving strategy which is most advantageous to you.

Method	Form of Gift	Income for Donor	Federal Tax Implication
Gift Annuity	Cash Appreciated property Minimum initial contribution: $5,000. Additional gifts: $2,500.	Annual lifetime income payment to you or a designated beneficiary. Single life annuity rates range from 6.5% to 12%, depending upon the age of the income recipient. Income is fixed.	Deduction for that portion representing the difference between the amount of the annuity and the value of the annuity payment.
Pooled Income Fund	Cash Appreciated property Minimum initial contribution: $5,000. Additional gifts: $2,500.	Annual lifetime income payment is determined annually based on the fund's rate of return. Income is variable.	Deduction for value of donation minus the value of income stream.
Charitable Remainder Unitrust	Cash Appreciated property Minimum initial funding: $100,000. Additional contributions allowed.	Percentage of the trust's assets as valued annually. Minimum payout: 5%. Income is variable.	Deduction for value of donation minus the value of income stream.
Charitable Remainder Annuity Trust	Cash Appreciated property Minimum initial funding: $100,000. Additional contributions cannot be made to an annuity trust.	Percentage of trust's value at time it is established. Minimum payout: 5%. Payment is a fixed and specified dollar amount regardless of the trust's investment performance.	Deduction for value of donation minus the value of income stream.

Additional information on the Infirmary's Life Income Programs, as well as other gift planning opportunities, can be obtained by writing or calling:

Development Office
Massachusetts Eye and Ear Infirmary
243 Charles Street
Boston, MA 02114-3096
(617) 573-3342
Your inquiry will be held in strict confidence.

1994 Massachusetts Eye and Ear Infirmary Annual Report

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ANNUAL REPORT

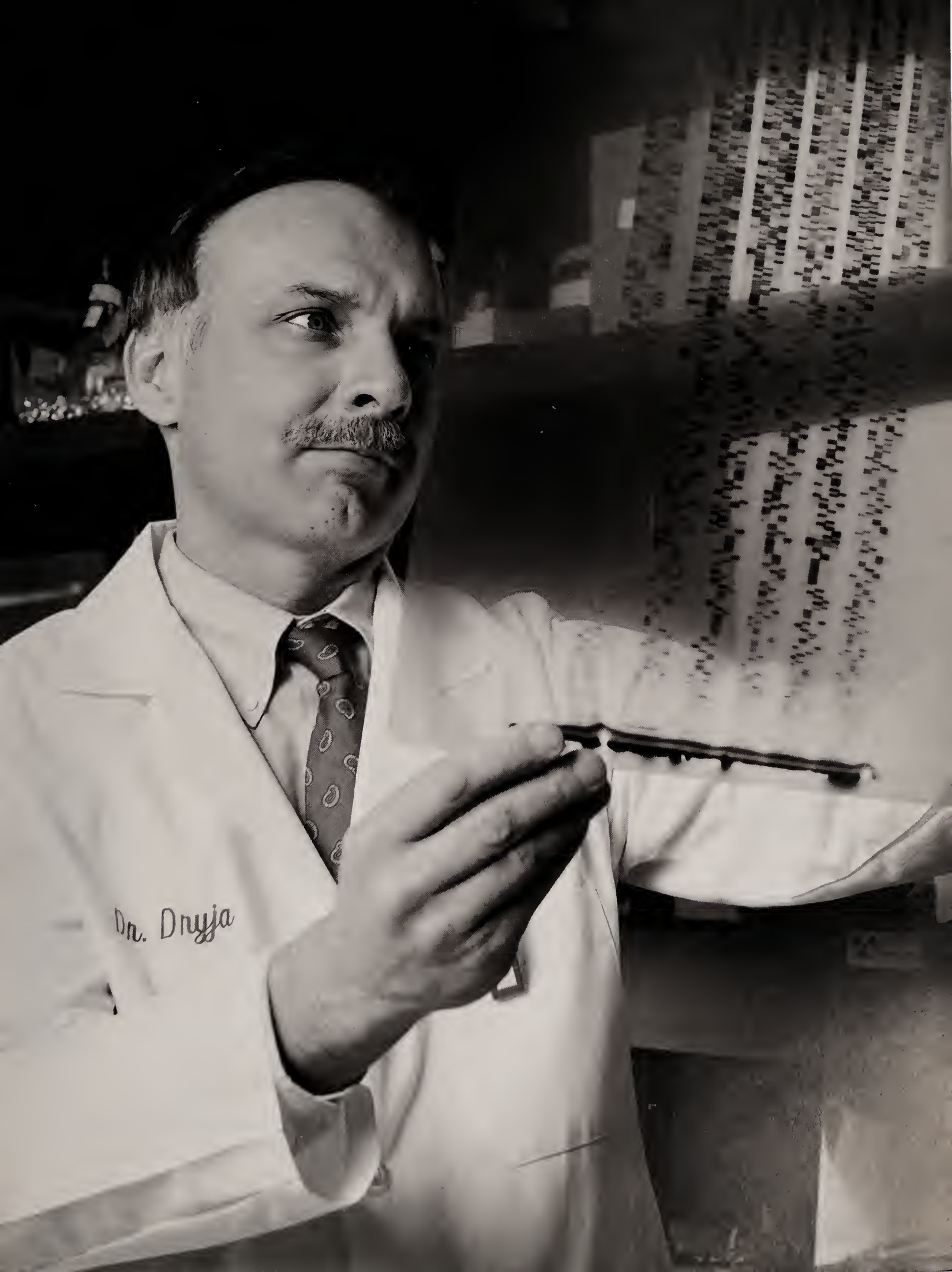


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Mission of the Massachusetts Eye and Ear Infirmary

The Massachusetts Eye and Ear Infirmary is a specialty hospital dedicated to excellence of care for disorders that affect the eye, ear, nose, throat, head and neck region. The Infirmary provides primary care and serves as a referral center for outpatient and inpatient medical and surgical treatment. In conjunction with Harvard Medical School, the Infirmary is committed to the education of future health care professionals, as well as the education of the public concerning prevention, diagnosis, treatment and rehabilitation. In order to provide the highest quality of contemporary care and even better care in the future, the Infirmary conducts basic and clinical research in its areas of specialty. The Infirmary recognizes its obligation to serve as a source of excellence in teaching, patient care and research for its geographic region as well as the national and international communities.

Thaddeus P. Dryja, M.D., director of the newly constructed Ocular Molecular Genetics Institute, studies a patient's DNA sequence in search of mutations that cause hereditary eye diseases, such as retinitis pigmentosa and retinoblastoma. The Ocular Molecular Genetics Institute opened in August 1995. Dryja and his colleagues, who perform 20,000 to 30,000 DNA analyses a year, identified the first genetic cause of retinitis pigmentosa in 1989 and subsequently have found five more genetic causes.


Dr. Dnyja

Report from the Chairman and the President



F. Curtis Smith (l) and
Alexander A. Bernhard

The past year was marked by the continuation of the national debate on health care issues. As Congress battled over proposed Medicare reductions, the Infirmary prepared for the future by improving operational efficiency and creating new revenue sources without compromising our mission of providing unparalleled patient care, teaching and research. We were successful in our efforts and met our financial goal of a break-even budget from operations. This progress is particularly significant because we also laid the foundation for a strong future.

The credit for this achievement goes to the management group, the physicians, the nursing leadership, the fiscal leadership and all of the dedicated employees for their efforts to reduce expenses while maintaining the excellence which has long been the hallmark of the Infirmary. It took a cooperative effort among all sectors of the Infirmary, and we should be very proud of what we have accomplished.

Our fiscal achievement included several critical components. First, patient volume increased. The operating room, emergency room and outpatient services were all significantly busier than last year. We expanded services, including the speech and hearing program, and introduced the Center for Hyperbaric Medicine, the first of its kind in Massachusetts.

Second, we aggressively reduced expenses. With improved purchasing contracts, new and less expensive clinical pathways, and a very successful early retirement program, we were able to handle the increased volume without adding expenses. These changes, plus improvements in our billing operations, were essential to achieve our goal.

Third, we laid the foundation for a stronger future by making significant progress toward the Infirmary's strategic plan, which includes expanding and enhancing our association with Harvard Medical School while remaining a low cost, high quality institution; becoming part of a larger network to provide access to the broadest possible referrals from throughout the region; developing a group of ophthalmologists and otolaryngologists to provide care in a statewide capitated basis; and implementing a comprehensive effort to attract philanthropic support.

As noted above, we have been vigilant in our efforts to reduce costs and maintain our excellent quality. We also became part of a larger network by agreeing to have a group of ophthalmologists and otolaryngologists join the Massachusetts General Physicians Organization (MGPO) and Partners Healthcare, Inc. (PHCI) for the purpose of entering into managed care contracts. Our own network of managed care contracts also grew through a strategic alliance with the Eye Care Group, Inc., a statewide network of general ophthalmologists that members of the Massachusetts Eye and Ear Associate (MEEA) joined as subspecialists to provide capitated ophthalmic services. Our ability to network throughout the region and provide capitated services expanded as we established additional satellites in the region. The opening of the South Suburban and Wellesley sites this year by otolaryngology certainly enhanced our ability to provide care to all patients.

We are also pleased to report that the Infirmary has been successful on the fundraising front, which is a critical component of our strategic plan. In fact, the Infirmary enjoyed its best year in terms of philanthropic support. More than $8.7 million in gifts were made to the Infirmary. In addition, the Board of Directors of the Foundation approved the establishment of the 21st Century Fund, a comprehensive capital campaign to raise a minimum of $35 million to fund research, teaching and patient care. A total of $14.7 million has already been raised in the quiet phase towards these objectives.

We are pleased to report that we achieved significant progress in patient care, education and research in 1995.

- For the sixth straight year, *U.S. News & World Report* named the Infirmary as one of the nation's top five hospitals in our specialties.
- The Infirmary's achievements in research were acknowledged by an independent panel of 12 nationally and internationally known ophthalmology and otolaryngology physicians and researchers who concluded that the research being conducted

at the Infirmary is unequaled at any other institution in the world.

- Our residency and fellowship training program was recognized for excellence by the medical community through its participation at national meetings. At the Association for Research in Vision and Ophthalmology (ARVO) conference, 20 of 24 Infirmary residents presented papers, which is an extraordinarily high number for any residency program.

The Infirmary's research program was enhanced as many laboratory spaces were renovated. In ophthalmology, the Ocular Molecular Genetics Institute, under the direction of Dr. Thaddeus Dryja, opened at 325 Cambridge Street with the most up-to-date equipment. New ophthalmology laboratories also opened for Dr. Lucy Young for retinal and tumor research; Dr. Hong-Ming Cheng for advanced ocular imaging studies; Dr. Vadim Arshavsky for his work with biochemistry of the visual pigments; Dr. Clint Makino for his research into electrophysiology of photoreceptors; and Dr. Johanna Seddon for epidemiology studies. In otolaryngology, the Jenks Diagnostic Vestibular Laboratory was remodeled and modernized, and a project was initiated to modernize areas including the Temporal Bone Bank, electron microscopy lab and the research area on the seventh floor of the Connecting Building.

1995 was also an exceptional year in the area of education. The Infirmary's postgraduate medical education program for residents and research and clinical fellows remained strong and continued to attract the finest candidates. In all, the Infirmary trained more than 110 residents and fellows, and the otolaryngology department graduated its first fellow in otology and neuro-otology. The Infirmary's ophthalmology training program was made available to a world-wide audience this year as the *Digital Journal of Ophthalmology* became available on the Internet.

The Infirmary made excellent progress in upgrading its facilities. Over the last year, we opened the Center for Hyperbaric Medicine, the Wellesley Satellite, and the South Suburban Center for Otolaryngology-Head and Neck Surgery in Quincy. In addition, we finished the first phase of the $3 million renovation of the ophthalmology outpatient service area. We also entered into a cooperative agreement with Sight Resource Corporation to develop ocular refractive surgical centers throughout New England.

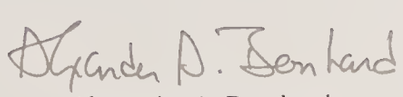
Other areas of progress should be noted. In 1995, the Infirmary continued its community benefits program by participating in numerous free health screenings and by forming the Community Benefits Advisory Committee, which met throughout the year to create a formalized community benefit plan.

In 1995 we welcomed Dr. Hugh Curtin as new Chief of Radiology. Dr. Curtin came to the Infirmary with extensive experience in his field.

We welcomed eight new members to the Infirmary's Board of Trustees in 1995 and two long-time Board members, George J. Rabestejnek and Sheldon A. Buckler, Ph.D., were elected Vice-Chairmen of the Board of the Foundation and the Infirmary.

Yes, 1995 was successful on many fronts. But we cannot relax our efforts. We must remain poised to meet the challenges and opportunities the coming years will bring. We believe we have already taken an important first step by ending fiscal year 1995 break-even and by creating a balanced budget for 1996.

In summary, we believe we have made significant progress in 1995, and that we will continue to play an important role, both nationally and locally. With the guidance of our Board and the expertise of our physicians, nurses and support staff, we will meet the challenges the coming years will bring and ensure that the Infirmary's future is as bright as its past.



Alexander A. Bernhard,
Chairman



F. Curtis Smith,
President



Report from the Chief of Ophthalmology



Frederick A. Jakobiec, M.D.

The Department of Ophthalmology at the Massachusetts Eye and Ear Infirmary continues to successfully meet the many challenges posed by the current healthcare environment.

During the past year there was growth in outpatient visits by 8 percent to 86,000. The ophthalmology portion of the Massachusetts Eye and Ear Associates (MEEA) ended the year with a balanced budget, the lowest historical days outstanding in accounts receivable, and a positive cash balance that contributed to the overall health of both the Massachusetts Eye and Ear Associates and the Massachusetts Eye and Ear Infirmary. A new Chief Financial Officer for the Associates, Mike Koziol, has taken over control of the MEEA/OPH billing activities, and is continuing the work of strengthening the infrastructure for the accounting functions of MEEA.

The Infirmary and the MEEA/OPH entered into a positive strategic relationship and alliance with the Eye Care Group, Inc., a statewide panel of mostly primary eye care doctors who have assembled for the purpose of obtaining managed care contracts, notably those of the capitation insurance type. Together with this group, we were successful in garnering a substantial number of sites for the Secure Horizons capitation product of the Tufts Health Plan. We also developed a relationship with Sight Resource Corporation, which has funding for multiple corneal laser sites to provide refractive surgery. Standards for a Center of Excellence at the Infirmary, as well as standards that will apply to the multiple satellite sites, will be determined by a Physician Keratorefractive Surgery Committee of both full-time and part-time doctors at the Infirmary. All of these sites should allow us to provide ethical, safe and effective therapy in this newly unfolding area of clinical care.

A new Ocular Molecular Genetics Institute under the direction of Dr. Thaddeus Dryja has opened in the 325 Cambridge Street building. Provided with the latest equipment and laboratory space, Dr. Dryja should continue to advance his research in discovering new genes responsible for various eye disorders. New laboratories were also opened for Dr. Lucy Young (retinal and tumor research), Dr. Hong-Ming Cheng (advanced ocular imaging studies), Dr. Vadim Arshavsky (biochemistry of the visual pigments), Dr. Clint Makino (electrophysiology of photoreceptors), and Dr. Johanna Seddon (epidemiology).

All of our clinical and basic science researchers remain extremely active, with innumerable papers being presented at the annual meetings of the American Academy of Ophthalmology (clinical), and the Association for Research in Vision and Ophthalmology (pre-clinical or basic science).

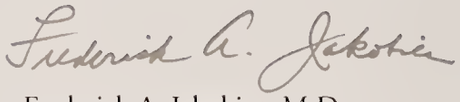
The residency, fellowship and continuing medical education programs remain very strong. We are delighted to be able to attract the finest residency and post-residency candidates. The fellows gave their annual course on "Concepts and Controversies in Outcomes Analysis and Decision-Making in Ophthalmology," and the residents gave a course on "Non-infectious Inflammatory Disorders of the Eye and Adnexa," the latter to be published in an upcoming issue of *International Ophthalmology Clinics.* The Lancaster Course has been shortened from nine to seven weeks at Colby College from late June to early August in order to accommodate the needs of local residency staffing; this course continues to attract individuals from the United States, Canada, Europe and the Near East. The *Principles and Practice of Ophthalmology* textbook, published in 1994, was given an award in 1995 by the American Association of Medical Publishers as the most outstanding medical textbook of the year. During 1995, a 600-page *Atlas of Clinical Ophthalmology* was published from a selection of the best illustrations that appeared in the textbook. Finally, a *Digital Journal of Ophthalmology* on the World Wide Web has been established with up to 4,000 visits a month by cyber-ophthalmologists.

◀ Retina specialist Shizuo Mukai, M.D., sits with two of his patients, Ryan O'Toole, age 5 years, (left) and James O'Toole, age 2 years. Ryan was diagnosed with and treated for retinoblastoma, a hereditary eye cancer that normally afflicts children. In addition to monitoring Ryan's progress, Dr. Mukai examines James every six months, though it is unlikely that he will develop the disease.

We are now in the final stages of the complete renovation of the first floor (35,000 square feet). This is the most ambitious renovation project that has ever been conducted at the Infirmary. It has five phases, and has required a high degree of planning in order to move old services into renovated space, while not losing continuity of patient care. The fact that our clinical volume has not deteriorated despite these changes indicates the devotion of our patients to our services, as well as the finesse employed in redesigning patient flows.

The General Eye Service is now ensconced in private examining rooms; by the end of the project during the next fiscal year, Cornea, Glaucoma, Oculoplastics and Pediatric Ophthalmology will likewise be much better situated. These common or fungible facilities should enable us to continue to reduce our practice overhead.

All in all, the past year was an extraordinarily dynamic and pivotal one for the Department of Ophthalmology. We feel well poised for our ongoing economic, academic and research challenges, and particularly with respect to benefiting from new opportunities in our growing relationship with the Massachusetts General Hospital.



Frederick A. Jakobiec, M.D.,
Chief of Ophthalmology

Report from the Chief of Otolaryngology



Joseph B. Nadol, Jr., M.D.

The mission of the Infirmary is to provide excellence in patient care for disorders that affect the eye, ear, nose, throat, head and neck regions; to provide excellence in education of future health care professionals, researchers and the general public; and to conduct basic and clinical research in its areas of specialty. The year 1995 saw significant activity, innovations and improvements in all areas of its mission.

In the Division of General Otolaryngology, under the direction of Dr. Greg Randolph, two problem-oriented clinics have been added: 1) a multidisciplinary facial pain clinic under the direction of Dr. Salman, held in conjunction with members of the Departments of Neurology, Psychiatry, Oral Surgery, Anesthesia, and Otolaryngology, 2) Drs. Randolph, Wenokur, Fabian and Gliklich have collaborated to provide new outpatient laser surgery for uvulopalatoplasty to improve the oropharyngeal airway during sleep. In the area of endocrine surgery, Dr. Randolph has been active in the Endocrine Surgery Subcommittee of the American Academy of Otolaryngology-Head and Neck Surgery and has been testing, with Dr. James Kobler, the clinical efficacy of an endotracheal tube monitoring system, which is designed to reduce the incidence of injury to the recurrent laryngeal nerve.

One of the unique clinical services of the Infirmary is a 24-hour specialty emergency service. In order to better serve unscheduled patients, the Emergency Service has been differentiated from a Walk-In Service, which will provide prompt care to unscheduled non-emergent patients requesting otolaryngology consultation.

The Department is pleased to announce the development of the South Suburban Center for Otolaryngology-Head and Neck Surgery, which opened in Quincy. Under the direction of Dr. Edward Reardon, this center provides quality otolaryngologic care in conjunction with the Infirmary to families in the South Shore area.

In the Division of Head and Neck Surgical Oncology under the direction of Dr. Richard Fabian, the Center for Hyperbaric Medicine on the 11th floor of the Infirmary opened in collaboration with the Massachusetts General Hospital (MGH) and the Shriners Burns Institute. The Center is open for treatment of all disease categories for which HBO is shown to be effective, including carbon monoxide poisoning, gas embolism, gangrene, diving injuries and radiation-induced tissue injuries.

The Pediatric Otolaryngology Service, under the direction of Dr. Ron Eavey, has had a productive year. Illustrative of the natural synergy between clinical practice and clinical research is the fact that members of the Infirmary staff and Dr. Seidman of Harvard Medical School have succeeded in linking genes for two families with non-syndromal inherited sensorineural hearing loss, one to the X chromosome and the other on chromosome 14. Ongoing clinical research in the Department includes the evaluation of pediatric patients with dysphonia, a collaborative project of Dr. Roger Nuss and Dr. Robert Hillman, and the correlation of inner ear pathology with results of previous infant hearing screening.

We welcome several new members to the staff: Meredith August, DMD, in oral and maxillofacial surgery; Dr. Alasdair Conn, Director of Emergency Services at MGH, and Dr. Robert Sheridan as Consultants in Hyperbaric Medicine; Drs. Dennis Poe, Jonathon Sillman and Cliff Megerian, who limit their practice to otology and neuro-otology; and Dr. Robert Frankenthaler, whose principal appointment is at the Beth Israel and Brigham and Women's hospitals. The recruitment of Dr. Hugh Curtin as Chief of Head and Neck Radiology significantly adds to our abilities throughout the department. Drs. Yale Berry, Howard Ecker, Roy Johnson, Thomas Klein and Robert Lofgren were honored for their years of dedication to the teaching program by appointment to the senior teaching faculty. The following individuals were promoted on the clinical ladder during the year: Surgeon – Dr. Michael Joseph; Associate Surgeons – Drs. Peter Friedensohn, Robert Kiskaddon, and Carl Norris; and Assistant Surgeons – Drs. Pamela Diamond, Paul Konowitz, James Lucarini, Saumil Merchant and Richard Moss.

The Department was saddened by the passing of Dr. John Frazee on February 3, 1995. Dr. Frazee was a member of the staff for over 30 years and a principal in the establishment of the Dedham Medical Associates. In honor of Dr. Frazee's contribution, the Department's Board of Surgeons has established a library book fund in his name.

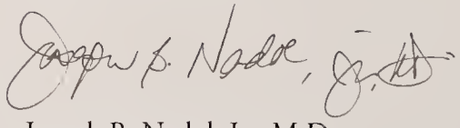
Other noteworthy research achievements include:

- Drs. Rosowski, Peake and Merchant have developed a means of accurately predicting the relative benefit of different surgical techniques used to reconstruct the eardrum and the bones of the middle ear.
- Drs. Sewell, Tirumali, Brown and Liberman have found that activation of a group of nerve fibers, which projects from the brain to the inner ear, can protect the ear from acoustic injury.
- Drs. Melcher, Levine and Kiang have been using a new technique for directly and noninvasively imaging brain function in awake patients.
- Drs. Guinan and Liberman are interested in the ways in which hearing ability is modified by the feedback control system of efferent nerve fibers present in the inner ear. One intriguing possibility is that this system functions to help us hear in noisy environments.
- Experiments done in the otoimmunology laboratory, under the direction of Dr. Joe Adams, have demonstrated that there is widespread accumulation of the antibiotic gentamicin by cells through out the inner ear and that many cells other than sensory cells are affected by the drug.
- Dr. Sewell has found a novel chemical mechanism within the inner ear that may be used by the sensory cells of the ear to protect themselves from damage due to loud acoustic stimulation.
- Drs. Sewell and Mroz are nearing completion of a project to identify the neurotransmitter released by the sensory cells of the inner ear. Identifying this chemical could lead to the development of drugs to treat inner ear disorders such as tinnitus, vertigo and motion sickness.
- Dr. Robert Hillman in the Voice and Speech Laboratory continues his work on the objective assessment of vocal hyperfunction.
- A principal focus of the Cochlear Implant Laboratory, under the direction of Dr. Donald Eddington, is the development of new processing strategies for cochlear implant patients and the research and development necessary to make these strategies portable and wearable for our patients.

Professor Nelson Kiang has indicated his intention to retire as Director of the Department's prestigious Eaton-Peabody Laboratory of Auditory Physiology. The Department and the Board of Directors have authorized the commencement of a search process for a successor. The Eaton-Peabody Laboratory, in conjunction with collaborators from MIT, Harvard Medical School and MGH, continues its emphasis on basic mechanisms of hearing with particular attention to feedback to the ear from the central nervous system, the central mechanisms of sound localization and speech perception and the conversion of auditory stimuli to neural messages. These efforts will change our ideas of how diseases can affect hearing and will suggest mechanisms to prevent or relieve hearing loss.

The Department continues its strong interest in postgraduate education for residents and clinical and research fellows. In conjunction with Children's, Beth Israel, Brigham and Women's, and Deaconess hospitals, the program provides training for 20 residents. In 1995 there were 21 research fellows, both graduates of otolaryngologic training programs and postdoctoral fellows sponsored by a variety of training grants. The Department graduated its first fellow in otology and neuro-otology, Dr. Cliff Megerian, who has assumed a full-time academic position as a joint appointment between the University of Massachusetts Medical Center and the Infirmary.

The Department wishes to thank its patients, staff and the Board of Directors for their support in making this a busy and successful year.



Joseph B. Nadol, Jr., M.D.,
Chief of Otolaryngology

Richard L. Fabian, M.D., Director of the Head and Neck Service, and Reze Bruce, R.N., oversee a treatment in the Infirmary's Center for Hyperbaric Medicine. The first facility of its kind in Massachusetts, the Center opened in February 1995 to provide treatment for an array of conditions, including wound healing problems, carbon monoxide poisoning, burns and decompression sickness.





Boston Mayor Thomas M. Menino speaks at the press conference announcing the opening of the Infirmary's Center for Hyperbaric Medicine.

Center for Hyperbaric Medicine Opens

With the February opening of the Center for Hyperbaric Medicine, the Infirmary became the first Massachusetts hospital to offer hyperbaric oxygen therapy. This unit, under the direction of Richard L. Fabian, M.D., provides treatment for conditions including wound-healing problems, smoke inhalation and decompression sickness. The center was made possible, in part, due to the generosity of Infirmary benefactors.

Reynolds Society Dinner Celebration

In November, the Infirmary honored its most generous benefactors at the Ninth Annual Reynolds Society dinner, which was held at the Harvard Fogg Art Museum. The evening featured museum tours and the presentation of the Reynolds Society Achievement Awards.



W. Dixie Reynolds Doreau enjoys a painting at the Harvard Fogg Art Museum. She was among the guests who attended the Infirmary's Ninth Annual Reynolds Society Dinner.

Curtin Appointed Chief of Radiology



Hugh Curtin, M.D.

Hugh Curtin, M.D., was named the Infirmary's new Chief of Radiology. Curtin comes to the Infirmary from the Montefiore Hospital Eye and Ear Institute Pavilion in Pittsburgh, where he most recently served as Director of Radiology. Curtin specializes in eye and ear radiology, pediatric radiology and pediatric angiography.

Rabstejnek and Buckler Elected Vice-Chairmen of the Foundation

George J. Rabstejnek and Sheldon A. Buckler, Ph.D., were elected Vice-Chairmen of the Board of the Foundation and the Infirmary. Rabstejnek, retired Chairman and Chief Executive Officer of the Harbridge House, Inc., also serves as the Chairman of the Infirmary's Reynolds Society. Buckler, retired Vice-Chairman of the Polaroid Corporation, is the Infirmary's Chairman of the Research Committee and serves on the Compensation, Patent and Executive committees.

Infirmary Enjoys Most Successful Fundraising Year to Date

Thanks to the generosity of many friends and patrons, the Infirmary had its most successful fundraising year in 1995, with gifts totalling more than $8.7 million. Major gifts include:

- $2.4 million for the Fanny Holt Ames Unitrust, an unrestricted endowment fund;
- $2.3 million endowment for the John Rines Fund, with income to be used for free care for glaucoma patients;
- $1.1 million endowment for the Speech & Hearing Science Program from an anonymous foundation;
- $500,000 endowment for pediatric research from the late N. Edgar Miles, M.D.;
- $300,000 endowment for childhood eye diseases from Mr. Franklin J. Marryott; and
- $263,000 endowment for glaucoma research from Ms. Ellen M. Ackers.



Infirmary Board Vice-Chairman Sheldon A. Buckler, Ph.D., presents Massachusetts Lions Eye Research Fund, Inc., President Malcolm T. Kleinknecht with a plaque that now hangs in the Infirmary's front lobby.

Lions Honored for Eye Research Support

The Infirmary recognized the Massachusetts Lions Eye Research Fund, Inc., for reaching the $2 million level of support to eye research efforts at the Infirmary. The Lions were presented with a plaque at their annual meeting and research awards presentation, which was held in July. More than 100 researchers, Lions and guests attended the dinner event that was hosted by the Infirmary.

U.S. News & World Report Tabs the Infirmary



For the sixth consecutive year, the Infirmary placed among the nation's best hospitals in its specialties in the 1995 *U.S. News & World Report's* "Best Hospitals" survey.

21st Century Fund Moves Ahead

This past Fall, the Board of Directors approved the formation of the 21st Century Fund, a campaign to raise a minimum of $35 million. The 21st Century Fund seeks charitable contributions for such endeavors as endowed professorships and fellowships as well as to support research programs and to enhance the Infirmary's facilities.

In approving the campaign, the Board of Directors recognizes that as traditional sources of funding for research, teaching and patient care become increasingly scarce, philanthropic support is essential. The 21st Century Fund effort will seek charitable contributions for current use as well as to enhance the Infirmary's endowment.

A total of $14.7 million already has been raised toward those objectives in fiscal years 1994 and 1995.

Ocular Molecular Genetics and Ophthalmology Labs Completed

New laboratories for Clint L. Makino, Ph.D., and Vadim Y. Arshavsky, Ph.D., have been completed in the Howe Laboratory of Ophthalmology on the fifth floor of the Infirmary. These labs, and the Ocular Molecular Genetics Institute on the fourth floor of 325 Cambridge Street, nearly complete the renovations of the ophthalmology research areas.

1995 Employee Stars



January
Kirven Boyd
Mail Services



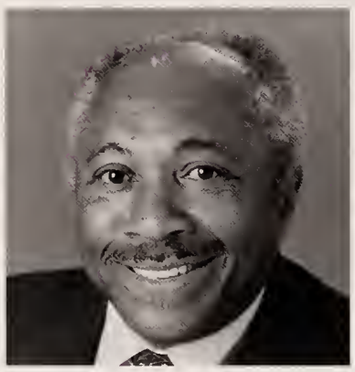
January
Candace Brugmann
Mail Services



February
Alexandra Mayor
Emergency Room



March
Beatrice Patrick
Dietary



April
Tommie Jackson
Glaucoma Service



May
Geraldine DiLorenzo
General Eye Service



June
Theresa Carroll
Head and Neck Service



July
Deborah Goodman
Nursing-11th floor



August
John Oliver
Plant Operations



September
Terri McGee
Ocular Molecular
Genetics Institute



October
Judy McGinn, R.N.
Post-Anesthesia Care Unit



November
James A. Linthwaite
Human Resources



December
Alice Roach
Nursing Administration

Otolaryngologist Edward Reardon, M.D., performs a tonsillectomy and adenoidectomy on a young patient. Dr. Reardon recently was named the director of the Infirmary's new South Suburban Center for Otolaryngology in Quincy, MA. Since 1990, the Infirmary has opened four suburban facilities to provide easier access to its services for people who live outside of Boston.



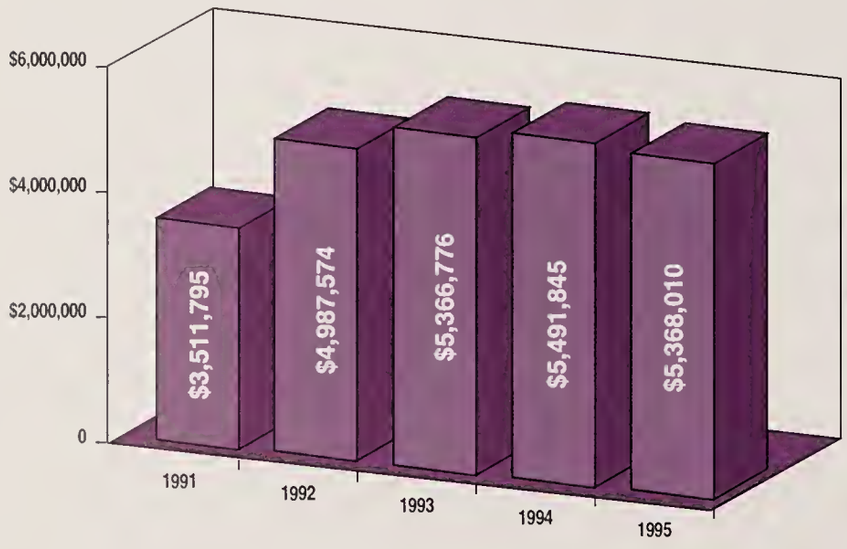
1995 Financial Statements

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Unrestricted Funds Balance Sheet

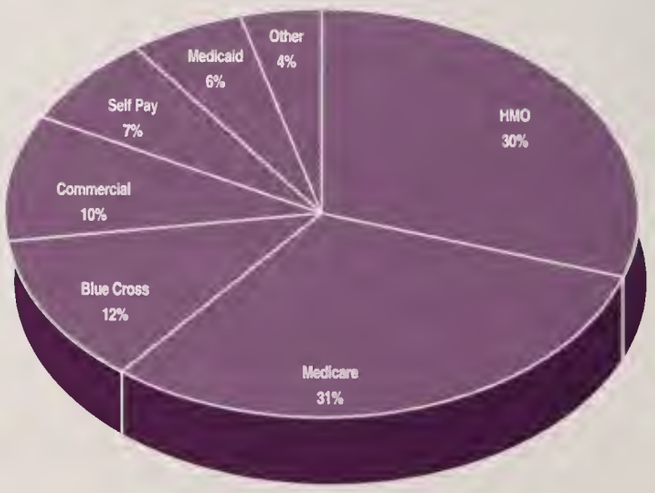
as of September 30, 1995

Current Assets		
Cash		$1,331,388
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)		$1,269,439
Pooled Investments		$3,500,545
Investments		$1,400,247
Accounts Receivable	$20,568,913	
Less Allowance for Doubtful Accounts	($6,718,234)	
		$13,850,679
Other Current Assets		$2,383,715
Total Current Assets		$23,736,013
Other Assets		
Assets Whose Use is Limited		$10,497,710
Prepaid Pension Costs		$2,149,109
Deposits		$312,100
Intangible Assets (Net of Amortization)		$826,849
Property, Plant & Equipment, Net of Depreciation		$72,502,321
Total Other Assets		$86,288,089
Total Assets		$110,024,102
Current Liabilities		
Current Portion of Long-term Debt		$2,604,048
Accounts Payable and Accrued Expenses		$11,289,466
Current Portion Professional Liability Reserve		$551,000
Due to Other Funds		$3,245,764
Estimated Settlements with Third Party Payors		$8,126,759
Total Current Liabilities		$25,817,037
Other Liabilities and Fund Balance		
Long-term Debt, Less Current Portion		$49,237,486
Accumulated Post Retirement Benefit Obligation		$668,823
Professional Liability Reserve		$1,285,942
Fund Balance		$33,014,814
Total Other Liabilities and Fund Balance		$84,207,065
Total Liabilities and Fund Balance		$110,024,102

MEEI Uncompensated Care FY1991-1995



MEEI Payor Mix FY1995



1995 Financial Statements

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Restricted Funds Balance Sheet

as of September 30, 1995

Assets	
Specific Purpose Funds:	
Cash and Equivalents	$352,171
Grants and Contracts Receivable	$281,826
Investments at Cost	
(Quoted Market Value: $9,695,386)	$8,742,281
Due from Other Funds	$3,245,764
Other Assets	$144,547
Total	$12,766,589
Endowment Funds:	
Investments at Cost	
(Quoted Market Value: $47,384,337)	$43,323,184
Total	$43,323,184
Liabilities and Fund Balances	
Specific Purpose Funds:	
Fund Balances	$12,766,589
Total	$12,766,589
Endowment Funds:	
Fund Balances:	
Income Restricted	$17,351,816
Income Unrestricted	$23,966,162
Quasi-endowments	$2,005,206
Total	$43,323,184

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Statement of Revenue and Expenses of the General Funds

as of September 30, 1995

Net Patient Revenue	
Net Patient Service Revenue	$80,638,323
Other Operating Revenue	
(Including $10,589,760 from Research and Other Specific Purpose Funds)	$18,284,300
Total Operating Revenue	$98,922,623
Operating Expenses	
Related to Patient Services	$91,453,126
Related to Research and Other Specific Purpose Funds	$10,589,760
Total Operating Expenses	$102,042,886
Loss from Operations Before Reduction of Prior Years' Reserves	($3,120,263)
Reduction of Prior Years' Reserves	$2,681,626
Loss From Operations	($438,637)
Non-operating Revenue (Net of Expenses)	$1,178,287
Revenue and Gains Less than Expenses	$739,650
In addition, the Foundation received the following restricted funds income:	
Gifts and Bequests	$7,561,226
Investment Income	
Interest and Dividends	$1,099,928
Realized Gains and Losses	$372,015

A copy of the audited financial statements is available upon request from the Office of Public Affairs, (617) 573-3340.

1995 Statistical Report

Massachusetts Eye and Ear Infirmary

Fiscal Year 1995

Inpatient Hospital 65 Beds	Discharges:	
	Eye Discharges	750
	ENT Discharges	1,485
	Total	**2,235**
	Patient Days	8,577
	Average Length of Stay	3.84
Surgical Procedures	Inpatient Surgery:	
	Eye Cases	522
	ENT Cases	929
	Total	1,451
	Ambulatory Surgery:	
	Eye Cases	11,031
	ENT Cases	5,418
	Total	16,449
	Total Surgical Procedures	**17,900**
	Ambulatory Surgery Cases Utilizing Observation Service	4,890
Outpatient Department	Ophthalmology	
	General Eye	16,685
	Glaucoma	8,433
	Cornea	5,554
	Retina (including Immunology)	15,280
	Neuro-Ophthalmology	4,800
	Ocular Motility	2,127
	Eye Plastic	2,086
	Eye Pediatric	1,050
	Electroretinography	2,473
	Vision Rehabilitation	1,578
	Contact Lens	2,669
	Methuen Eye Center	4,274
	Total	67,009
	Otolaryngology	
	Stoneham Center	15,523
	Wellesley Center	5,931
	Infirmary	41,525
	Total	62,979
	Total Outpatient Visits	**129,988**
Emergency Room	**Total Visits**	**24,197**
Special Services	Audiology Department	
	Outpatient Visits	11,630
	Hearing Aid Center	2,732
	Evoked Response	1,340
	Radiology Department	
	Conventional Exams	6,490
	CT Scan	4,290
	MRI	1,790
	Laboratories	
	Bacteriology (Cultures)	11,742
	Clinical Lab (Procedures)	126,575
	ENT Pathology (Specimens)	8,903
	Eye Pathology (Specimens)	6,948
	Frozen Section Laboratory	1,730
	Fluorescein Angiography	8,483
	Occupational Therapy	1,242
	Optical Shop	6,644
	Ultrasonography	2,983
	Vestibular Laboratory	2,444
	Voice and Speech Laboratory	5,806
	Hyperbaric Oxygen Treatments	526

Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Malcolm J. Heslop, M.D.
Jin Woo Kim, M.D.

Associate Anesthesiologists
Martin A. Acquadro, M.D.
Thomas P. Beach, M.D.
Lynne Ferrari, M.D.
Tuan Xuan Nghiem, M.D.
Janine Rodriques-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Juan Damiani-Rivera, M.D.
Gail D. Grunberg, M.D.
Ilya Malikin, M.D.
Gordon T. McNabb, M.D.
Ronald J. Minter, M.D.
Gregory T. Palleschi, M.D.
Erik S. Shank, M.D.
Gabriele F. Troll, M.D.

Assistant in Anesthesiology
Anne P. Bergwall, M.D.

Associate Staff

Assistant in Anesthesiology
Joseph J. Frassica, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
Robert P. Aftring, M.D.
Philip Amrein, M.D.
Julia Arnsten, M.D.
Jonathan S. Bogan, M.D.
Angela M. Caliendo, M.D.
Carol Ehrlich, M.D.
Joel S. Finkelstein, M.D.
Spyros A. Kalams, M.D.
Laurence Katznelson, M.D.
Howard Kesselman, M.D.
Barrett Kitch, M.D.
Kathryn Martin, M.D.
Allan E. Pineda, M.D.
Ann E. Taylor, M.D.
Ravi Thadhani, M.D.
Bruce D. Walker, M.D.
Ramnik J. Xavier, M.D.

Infectious Disease Service
Ann S. Baker, M.D.
Marlene L. Durand, M.D.

Department of Ophthalmology

Active Staff

Chief of Ophthalmology
Frederick A. Jakobiec, M.D.

Associate Chiefs of Ophthalmology
Donald J. D'Amico, M.D.
John I. Loewenstein, M.D.
Mark J. Lucarelli, M.D.

Surgeons in Ophthalmology
Ann M. Bajart, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Jack F. Bowers, M.D.
Robert J. Brockhurst, M.D.
Donald J. D'Amico, M.D.
Richard L. Dallow, M.D.
Claes H. Dohlman, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, M.D.
H. MacKenzie Freeman, M.D.
Ephraim Friedman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
Arthur S. Grove, M.D.
Tatsuo Hirose, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D., Ph.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
Deborah P. Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
Edward B. Murphy, Jr., M.D.
Ronald C. Pruett, M.D.
Charles D.J. Regan, M.D.
Perry Rosenthal, M.D.
Alfred W. Scott, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
John W. Shore, M.D.
Richard J. Simmons, M.D.
Felipe I. Tolentino, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.

Associate Surgeons
Frank G. Berson, M.D.
Gary E. Borodic, M.D.
Chester J. Boulris, M.D.
Sheldon M. Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Anthony J. Fraioli, M.D.
Alexander R. Gaudio, M.D.
Philip J. Harris, M.D.
Roland E. Houle, M.D.
David S. Hutchison, M.D.
James R. Lee, M.D.
Peter L. Lou, M.D.
Robert A. Petersen, M.D.
Delia N. Sang, M.D.
Bradford J. Shingleton, M.D.
Roger F. Steinert, M.D.
Trexler M. Topping, M.D.
Michael Wagoner, M.D.#
John J. Weiter, M.D.
John J. Woog, M.D.
Lucy H. Young, M.D., Ph.D.

Assistant Surgeons
Mark Abelson, M.D.
Anthony P. Adamis, M.D.
Maida P. Antigua, M.D.
Claudia A. Arrigg, M.D.
Paul G. Arrigg, M.D.
Michael A. Chang, M.D.
Romeo K. Chang, M.D.
Maryanna Destro, M.D.
Evan B. Dreyer, M.D., Ph.D.
Jeffrey P. Gilbard, M.D.
Andrew J. Gillies, M.D.
Edward F. Goodman, M.D.
Paul L. Gunderson, M.D.
Mark S. Hughes, M.D.
Alex E. Jalkh, M.D.
Kevin J. Kaufman, M.D.
Mark A. Latina, M.D.
John I. Loewenstein, M.D.
Robert A. Lytle, M.D.
Howard Z. Marton, M.D.
Craig A. McKeown, M.D.
Ernst J. Meyer, M.D.
Joan Miller, M.D.
Shizuo Mukai, M.D.
Peter A. Netland, M.D., Ph.D.
David G. Perkins, M.D.
Richard P. Pesavento, M.D.
Michael K. Pinnolis, M.D.
Donald W. Putnoi, M.D.
Thomas M. Richardson, M.D.
Claudia U. Richter, M.D.
Joseph F. Rizzo, III, M.D.
James W. Rosenberg, M.D.
Peter A.D. Rubin, M.D.
Edward A. Ryan, M.D.
Francis C. Sutula, M.D.
Jonathan H. Talamo, M.D.
Daniel J. Townsend, M.D.
David M. Tracy, M.D.
Gloria Wu, M.D.

Assistants in Ophthalmology
John B. Constantine, M.D.
Eric G. Endo, M.D.
Richard H. Feit, M.D.
Macie Finkelstein, M.D.
David S. Gendelman, M.D.
Evan B. Gold, M.D.
Mary Elizabeth Hartnett, M.D.
Barry H. Jacobs, M.D.
Glenn P. Kimball, M.D.
Ernest W. Kornmehl, M.D.
Mark C. Kuperwaser, M.D.
Joseph J. Levy, M.D.
Michael Loebl, M.D.
David G. Lotufo, M.D.
Richard Low, M.D.
Mary Jane McCarron, M.D.
Mariana D. Mead, M.D.
Michael G. Morley, M.D.

on leave of absence

Active Staff (Continued)

Dale C. Oates, M.D., Ph.D.
P. David Reese, M.D.
Martin D. Richler, M.D.
Thomas Smith, M.D.
Neal G. Snebold, M.D.
Eliane Uninsky, M.D.
Paul J. Wasson, M.D.
Lawrence E. Weene, M.D.
Richard S. Weinhaus, M.D.
Janey Lee Wiggs, M.D., Ph.D.
Susan Wong, M.D.
Stephen A. Youngwirth, M.D.

Associate Staff

Surgeon
Stephen J. Fricker, M.D.

Associate Surgeons
John M. Carroll, M.D.
Ralph H. Hinckley, M.D.
Clement Trempe, M.D.

Assistant Surgeons
C. Davis Belcher, M.D.
David Z. Greenseid, M.D.
Eric H. Johnson, M.D.
Jay Henry Kaufman, M.D.
Peter B. Mooney, M.D.
Carmen A. Puliafito, M.D.
Leon L. Remis, M.D.
Theodore Renna, M.D.

Assistants in Ophthalmology
Frederick C. Armbruster, M.D.
Jules L. Baum, M.D.
Joseph F. Burke, M.D.
Jean-Bernard Charles, M.D.
Robert J. D'Amato, M.D.
Elizabeth Daher, M.D.
Richard A. Dornfeld, M.D.
Miriam Dougherty, M.D.
Jay S. Duker, M.D.
C. Douglas Evans, M.D.
Bishara Faris, M.D.
George T. Frangieh, M.D.
Kweku Ghartey, M.D.
Bruce J. Gillers, M.D.
Cynthia L. Grosskreutz, M.D., Ph.D.
Robert Haimovici, M.D.
Deborah S. Jacobs, M.D.
Nabil I. Jarudi, M.D.
Vicki Kvedar, M.D.
Robert T. Lacy, M.D.
Kameran Lashkari, M.D.
Judy T. Lin, M.D.
O'Ine McCabe, M.D.
Edward F. McCarthy, M.D.
Clifford M. Michaelson, M.D.
Timothy J. Murtha, M.D.
Steven A. Nielsen, M.D.
Steven M. Patalano, M.D.
Vincent J. Patalano, II, M.D.
Eric A. Pierce, M.D.
Michael B. Raizman, M.D.
Lawrence I. Rand, M.D.
Peter A. Rapoza, M.D.
Elias Reichel, M.D.
Deborah K. Schlossman, M.D.
Joel S. Schuman, M.D.
Bernard Schwartz, M.D., Ph.D.
Ruthanne B. Simmons, M.D.
Omah S. Singh, M.D.
Sarkis H. Soukiasian, M.D.
Ernest Sutcliffe, M.D.
Jeffrey L. Taveras, M.D.
John V. Thomas, M.D.
Lois M. Townshend, M.D.
Stewart J. Turner, M.D.
Kuldip K. Vaid, M.D.
Albert T. Vitale, M.D.
Deborah E. Zuckerman, M.D.

Assistant Staff

Assistants In Ophthalmology
Kevin A. Beadles, M.D.
John C. Choi, M.D.
Pierre Demers, M.D.
Jennifer P. Mullon, M.D.
John G. Oster, M.D.
Roberto Pineda, II, M.D.
Brian G. Sherman, M.D.

Consulting Staff

Associate Surgeons
Lloyd M. Aiello, M.D.
Don C. Bienfang, M.D.
Leo T. Chylack, M.D.
Eeva-Liisa Martola, M.D.
Richard M. Robb, M.D.

Assistant Surgeon
David Miller, M.D.

Courtesy Staff

Assistant Surgeons
Brent Lambert, M.D.
Mary Gilbert Lawrence, M.D.

Assistants in Ophthalmology
Michael Bradbury, M.D.
David E. Eisenberg, M.D.
Firmon E. Hardenbergh, M.D.
Shelley G. McKee, M.D.
Sabera T. Shah, M.D.
Lois E. Smith, M.D., Ph.D.
George A. Violin, M.D.
Mandi Zaltas, M.D.

Emeritus Staff

Surgeons
S. Arthur Boruchoff, M.D.
Harry E. Braconier, M.D.
Thomas P. Cronin, M.D.
W. Morton Grant, M.D.
Warren D. Haley, M.D.
Carl Cordes Johnson, M.D.
Sumner D. Liebman, M.D.
Henry A. Mosher, M.D.
George M. Olive, M.D.
Charles L. Schepens, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.
Garrett L. Sullivan, M.D.
Silvio R. Von Pirquet, M.D.
Francis J. West, M.D.

Associate Surgeons
Frederic B. Breed, M.D.
Carl G. Freese, Jr., M.D.
John M. Hill, M.D.
Donald R. Weis, M.D.

Assistant Surgeons
Robert S. L. Kinder, M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.

Honorary Staff

Senior Honorary Surgeon
Irving L. Pavlo, M.D.

Associate Surgeon
Paul F. Vinger, M.D.

Assistant in Ophthalmology
Robert B. Cook, M.D.

Clinical Fellows

Juan-Carlos Abad, M.D.
Nitin Anand, M.D.
Thomas W. Bochow, M.D.
Christina I. Braun, M.D., MPH
Edward Jinki Chang, M.D.
Thomas A. Ciulla, M.D.
Jonathan M. Freilich, M.D.
Mark Harooni, M.D.
Robert N. Horgan, M.D.
Morgan C. Huang, M.D.
Eddie F. Kadrmas, M.D., Ph.D.
Anastasios J. Kanellopoulos, M.D.
John J. Khadem, M.D.
Mark J. Lucarelli, M.D.
Heather Mack, M.D.
Glenville A. March, M.D.
Tod A. McMillan, M.D.
Mehul C. Mehta, M.D.#
Roberto Pineda, II, M.D.
William J. Power, M.B., BCh.
Martin H. Reinke, M.D.
Shimon Rumelt, M.D.
Heidi D. Remulla, M.D.
Chander N. Samy, M.D.
Nasrollah Samiy, M.D.
Brian G. Sherman, M.D.
Santiago B. Sibayan, M.D.
William G. Stinson, M.D.
David J. Weissgold, M.D.
Joshua A. Young, M.D.

Clinical Research Assistants

Juli M. Dean, M.D.
Stella Douros, M.D.
Yvonne M. Tsai, M.D.

Research Associates

Meredithe L. Applebury, Ph.D.
Vadim Y. Arshavsky, Ph.D.
Hong-Ming Cheng, Ph.D.
Kristine Erickson, Ph.D.
Gilbert Feke, Ph.D.
Cynthia A. Heth, Ph.D.
Shixing Hu, Ph.D.
Nancy H. Kolodny, Ph.D.
Clint L. Makino, Ph.D.
Dorothy J. Roof, Ph.D.
Elizabeth Samelson, Ph.D.
Michael A. Sandberg, Ph.D.
King To, M.D.
Thomas S. Vihtelic, D.V.M.
Jing Xiong, M.D.
Hongqing Ye, M.D.
Xun Zhang, Ph.D.

on leave of absence

Research Fellows

Marcio M. Abreu, M.D.
Shiro Amano, M.D.
Jennifer Aparicio, Ph.D.
Lama Al-Aswad, M.D.
Sami Bati, M.D.
Christina Canakis, M.D.
Belinda Chang, Ph.D.
Klio Chazistefaneou, M.D.
Jie Gao, Ph.D.
Eddie W. Harris, M.D.
Katerina Havrikova, M.D.
Marco Cezar Helena, M.D.
Koji Hirano, M.D.
Li Kuan Hu, M.D.
Deeba Husain, M.D.
Hiromasa Igarashi, M.D., Ph.D.
Jing Jin, M.D., Ph.D.
Jeffrey P. Johnston, Ph.D.
Ekaterini C. Karatza, M.D.
Baerbel M. Kenyon, M.D.
Damho Lee, M.D.
Tsung-Yi Lee, Ph.D.
Tiansen Li, Ph.D.
Charalabos Livir-Pallatos, M.D.
Nikos Markomichelakis, M.D.
Jane E. McConnell, Ph.D.
Carlos Medina, M.D.
Elina Nekrasova, Ph.D.
Eugene Wei-Min Ng, M.D.
Priscille Olle-Delahaye, M.D.
Amy H. Parminder, M.D.
Benalexander Pedro, M.D.
Maria Blanca Rojas, M.D.
Richard Rustandi, Ph.D.
Jeri-Lynn Schremser, M.D.
Kimberly C. Sippel, M.D.
Masoud Souhelian, M.D.
Hisao Terada, M.D.
Michael J. Tolentino, M.D.
Iknur Tutkun, M.D.
Jesus Vidaurri-Leal, M.D.
Shuji Yamamoto, M.D., Ph.D.
Panayotis Zafirakis, M.D.

Residents

Bonnie B. An, M.D.
Jeffrey W. Berger, M.D., Ph.D.
Robert B. Bhisitkul, M.D., Ph.D.
Scott C. Brun, M.D.
Scott E. Burk, M.D.
Emil W. Chynn, M.D.
Mary Pei-Ann Coday, M.D.
Kathryn Ann Colby, M.D., Ph.D.
Bradley S. Foster, M.D.
Kenneth B. Graham, M.D.
Jeffrey K. Gregory, M.D.
Stephanie L. Harper, M.D.
Peter K. Kaiser, M.D.
Rosa Y. Kim, M.D.
Magdalena Krzystolik, M.D.
Quan Nguyen, M.D.
Susannah G. Rowe, M.D.
Melanie Ryan-Graham, M.D.
Yichieh Shiuey, M.D.
Jill Ann Smith, M.D.
Antonio F. Vinals, M.D.
Lynette M. Watkins, M.D.
Sonia H. Yoo, M.D.
Timothy T. You, M.D.

Services

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Edward P. Murphy, Jr., M.D., Co-Director
Frederick A. Jakobiec, M.D., Co-Director

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Anthony P. Adamis, M.D., Acting Director (effective 8/1/95)

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Deborah Pavan Langston, M.D., Director

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Evan B. Dreyer, M.D., Ph.D., Director

Immunology-Uveitis Service
C. Stephen Foster, M.D., Director

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Evangelos S. Gragoudas, M.D., Director

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Mark J. Lucarelli, M.D., Director (effective 7/95)

Vision Rehabilitation Service
Joel A. Kraut, M.D., Director

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Peggy Rodriguez, Manager of Administration

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Tiansen Li, Ph.D.
Dorothy J. Roof, Ph.D.
Michael A. Sandberg, Ph.D.

Howe Laboratory of Ophthalmology
Meredithe L. Applebury, Ph.D., Director

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Hong-Ming Cheng, Ph.D., O.D.
Kristine Erickson, Ph.D.
Clint L. Makino, Ph.D.
King To, M.D.
Thomas S. Vihtelic, D.V.M., Ph.D.
Jing Xiong, M.D.
Hongqing Ye, M.D.

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Johanna M. Seddon, M.D., Director

Research Associate
Elizabeth Samelson, Ph.D.

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Roland D. Eavey, M.D.
Howard M. Ecker, M.D.
A. Greer Edwards, M.D.
Richard L. Fabian, M.D.
Edward J. Glinski, M.D.
C. Edward Jackson, M.D.
Edward E. Jacobs, M.D.
Parviz Janfaza, M.D.
Roy A. Johnson, M.D.
Michael P. Joseph, M.D.
Donald G. Keamy, M.D.
Thomas R. Klein, M.D.
Robert H. Lofgren, M.D.
William W. Montgomery, M.D.
Joseph A. Moretti, M.D.
Thomas J. Mulvaney, M.D.

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David E. Nash, M.D.
David L. Pierce, M.D.
Steven D. Rauch, M.D.
Edward J. Reardon, M.D.
Salah D. Salman, M.D.

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Stephen W. Parker, M.D.

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Consultant in Otoneurology
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Max Goodman, M.D.

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Robert A. Levine, M.D.

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Marvin P. Fried, M.D.
Bruce R. Gordon, M.D.
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J. Nicholas Vandemoer, M.D.

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Oon T. Tan, M.D.

Consultant in Maxillofacial Prosthetics
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Consultant in Radiation Oncology
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Joseph H. Oyer, M.D.

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James L. Demetroulakos, M.D.
Cheong H. Kim, M.D.
Mark A. Varvares, M.D.

Oral and Maxillofacial Surgery
Meredith August, M.D.

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Associate Surgeon
(Neurology)
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John M. Kurkjian, M.D.

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William L. Hayden, M.D.
Edgar M. Holmes, M.D.
Alfred L. Hurst, M.D.
Charles Kent, M.D.
John C. Trakas, M.D.

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Theresa A. Hadlock, M.D.
Wade W. Han, M.D.

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Eric S. Kass, M.D.
Sandeep Kathju, M.D.
David A. Kieff, M.D.
Amy Lai, M.D.
Kasey K. Li, M.D.
John G. Meara, M.D.
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Nina Shapiro, M.D.
Theodoros Teknos, M.D.
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Richard J. Wong, M.D.

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Director

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Director

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Director

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Director

Intermediate Care Unit
Richard L. Fabian, M.D.,
Director

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Medical Director

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Max Goodman, M.D.,
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M. Charles Liberman, Ph.D.,
Associate Director
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David A. Steffens,
Research Support Engineer

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William F. Sewell, Ph.D.

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Aaron R. Thornton, Ph.D.,
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Harold F. Schuknecht, M.D.,
Director

Temporal Bone Registry
Saumil Merchant, M.D.,
Director

Voice and Speech Laboratory
Robert Hillman, Ph.D.,
Director

Department of Radiology

Active Staff

Chief of Radiology
Alfred L. Weber, M.D.
(through 3/95)
Hugh D. Curtin, M.D.
(beginning 7/95)

Radiologists
Hugh D. Curtin, M.D.
(beginning 7/95)
Kiyokazu (Jack) Momose, M.D.
Alfred L. Weber, M.D.
(through 3/95)

Assistants in Radiology
Kenneth R. Davis, M.D.
Michael H. Lev, M.D.
Pamela W Schaefer, M.D.

Associate Staff

Associate Radiologist
R. Gilberto Gonzalez, M.D.

Emeritus Staff

Consultant in Radiotherapy
Milford Schulz, M.D.

Consulting Staff

Assistant Radiologists
In Sup Choi, M.D.
Ricardo Sanchez, M.D.

Clinical Associate in Radiology
Jeanne D. Keller, M.D.

Consultants in Radiotherapy
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

on leave of absence

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1995 Wayne D. Mackie
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Frederick A. Jakobiec, M.D.
Joel A. Kraut, M.D.
Renée M. Landers
Richard A. MacKinnon
Patricia McGovern (term expired 12/6/95)
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F. Curtis Smith
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† Governor's appointee

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Mrs. Phyllis Eliot, Secretary

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From its beginning 171 years ago, and in every challenge since, the Infirmary's source of strength and promise has been found in enlightened philanthropists who have helped us sustain our mission. As we move towards the 21st century, we hope to build upon this legacy of support and to encourage our benefactors to participate in the stewardship of the Massachusetts Eye and Ear Infirmary. The Life Income Programs of the Massachusetts Eye and Ear Infirmary offer very attractive ways to support research, teaching and patient care programs. The following summary of giving vehicles is designed to provide you with a basic understanding of the benefits of each life income plan. It is intended to point you in the right direction. We encourage you to further explore the options in order to develop a charitable giving strategy which is most advantageous to you.

Method	Form of Gift	Income for Donor	Federal Tax Implication
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Additional information on the Infirmary's Life Income Programs, as well as other gift planning opportunities, can be obtained by writing or calling:

Mark Kostegan, FAHP
Vice President for Development and Public Affairs
Massachusetts Eye and Ear Infirmary
243 Charles Street
Boston, MA 02114-3096
(617) 573-3342
Your inquiry will be held in strict confidence.

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ANNUAL REPORT



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Massachusetts Eye and Ear Infirmary



DELIVERING *on* OUR PROMISE

The 21st Century Fund is an enduring partnership of the private sector and the Massachusetts Eye and Ear Infirmary in the uninterrupted pursuit of medical discovery. The Fund seeks to benefit revolutionary programs that have put the Infirmary at the forefront of emerging technologies and treatments, and to secure the future through endowments that support research, teaching and patient care.

A comprehensive campaign with a minimum goal of $35 million is now underway to address endowment needs, facility improvements, and annual support.

The 21st Century Fund challenges individual and institutional funding sources to share a vision for the future that resembles no past centuries; to create resources for innovations not yet imagined; and to reassure those of our community that compassionate care will always be available at the Massachusetts Eye and Ear Infirmary.

Ophthalmologist Nathalie Azar, M.D., examines 3-year-old Nour Taha in the Infirmary's pediatric ophthalmology unit. In fiscal year 1996, patients made more than 66,000 visits to the Infirmary's ophthalmology outpatient departments, including its satellite centers in Methuen and Somerville.



Report from the Chief of Ophthalmology



Frederick A. Jakobiec, M.D.

Having almost completed my eighth year (the equivalent of two U.S. presidential terms) as Chief of Ophthalmology at the Infirmary and Chairman of the Department of Ophthalmology at the Harvard Medical School, I would like to offer a general summing up of the major accomplishments during this period as well as the specific landmarks over the past year.

Over the past four years, almost all of the outpatient facilities, including the Emergency Room area, have undergone renovations totaling 41,000 square feet. The last and most ambitious module of these, which was completed during the past year and a half in four stages, is the new combined facility on the first floor devoted to general eye care, ophthalmic plastics and reconstructive surgery, oncology, cornea and glaucoma.

This fungible unit is also provided with two microsurgical suites to perform minor surgical procedures and corneal refractive surgery. These facilities have been well received by the patients, who find the waiting area pleasant and the privacy provided in the new examining rooms to be superior to what existed before; the physicians have also appreciated the new design, which promotes more efficiency and shortens the patients' waiting times. Over the past six years, 19,000 square feet of laboratory space has also been renovated. Construction is now underway for two brand-new laboratories for our latest research recruitments.

Two new research recruitments came to the Howe Laboratory this year. Dorothy Roof, Ph.D., a faculty member in the Berman-Gund Laboratory, needed additional space and more independence to cultivate her research program. She has been provided with a new laboratory in the Howe Laboratory suite. She will continue to have collaborative relationships with the Berman-Gund Laboratory. After a national search, Jarema Malicki, Ph.D., was recruited to join the Howe Laboratory staff. He has been conducting exciting research on zebrafish ocular and ear mutations and degenerations, and will apply molecular genetic techniques to unravel the various causes for these defects. These two new recruitments bring to a total of five a cadre led by Meredithe Applebury, Ph.D., who have rejuvenated our multi-disciplinary approach to studying the unique cell biologic events of vision and the derangements we observe in ophthalmic diseases. The success of this revitalized research program can be assessed by the fact that these new scientists have brought additional grants to the Infirmary, so that for the first time in several years, the ophthalmology department is contributing more than 50 percent of the sponsored research at the Infirmary. Thaddeus Dryja, M.D.'s, new Molecular Genetics Institute opened this past year in the 325 Cambridge Street building, and will tremendously enhance his research potential and productivity. Dr. Dryja has recently been recognized by the National Academy of Sciences to which he was elected in May, the only ophthalmologist in the United States to have been accorded this honor.

During 1995-96, four new Assistant Professors and three Associate Professors were appointed. Since 1989 at the Infirmary, 17 Assistant Professorships have been conferred, nine Associate Professorships, and five Full Professorships (total of 31). The full-time clinical faculty at the Infirmary has grown to 32, and the number of laboratory researchers to 10.

Throughout the entire Harvard Department of Ophthalmology since 1989, there have been 12 new Full Professors, 37 Associate Professors, and 43 Assistant Professors. This large number of promotions is truly a remarkable achievement and reflects highly favorably on the faculty's ongoing productivity and growing stature, both hospital-based and community-based. In summary, the grand total of traineeships and clinical and research ophthalmic faculty at the Harvard Medical School is 330 individuals, of whom 128 are trainees; this faculty is therefore the largest ophthalmic training program and clinical and vision science laboratory community in the country, if not in the world.

Outstanding programs in ophthalmology are constituted by the residency (21 positions), clinical fellowships (23), and research fellowships (40). We continue to attract the finest graduates from the best medical schools in the United States and abroad. It is one of the great strengths and sources of prestige for the Infirmary that it has so many trainees who disseminate throughout the country and the world to spread the Infirmary's influence and the benefits of its educational programs. Over 50 percent of our residency and fellowship graduates go on to academic positions in the United States or abroad.

The six-volume *Principles and Practice of Ophthalmology* textbook began to be revised during 1996. The best of the first edition will be annealed with new chapters that will expand the breadth of coverage and improve the quality of coverage on certain subjects in the second edition. An *Atlas*

of Clinical Ophthalmology has been published and edited by Daniel Albert, M.D., and me. The course given by the fellows and their preceptors on "Ocular and Adnexal Infections" was published by Little Brown in *International Ophthalmology Clinics.* The residents, with the help of Ann Sullivan Baker, M.D., published a handbook entitled *Massachusetts Eye and Ear Infirmary Residents' Guide to Ocular Antimicrobial Therapy.* A rapidly expanding project to which the residents, fellows and staff contribute is the *Digital Journal of Ophthalmology* on the Internet. Over 200 scientific articles appeared in learned journals during the past year.

Over the past several years, our diagnostic armamentarium has been enhanced by the introduction of indocyanine green angiography and ultrasonic biomicroscopy. Our therapeutic technological edge was maintained and expanded this past year with approval by the Food and Drug Administration to begin treating patients with the excimer laser. At the present, the Infirmary is performing more of these procedures than any other academic or group practice in the Northeast.

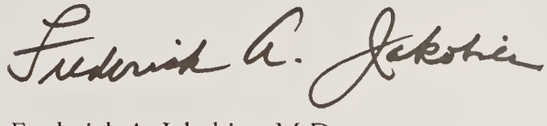
The relationships among the geographic staff, the community-based physicians and the Infirmary were recently strengthened by the creation of a state-wide physician network, including 240 primary care ophthalmologists and ophthalmic tertiary specialists. This nexus positions the Infirmary and its associated physicians in a favorable way for dealing with managed care entities and capitation insurance contracts. Much of the town/gown tension has been dissipated by this cooperative venture, in which the physicians become professionally interdependent and supportive of the Infirmary. This alliance of community physicians with a major academic center is a paradigm for ophthalmology nationwide. We were also pleased to have achieved the enrollment of over 100 geographic and community-based eye physicians in the Massachusetts General Physicians' Organization.

Strengthening the relationships among the component parts of the Harvard Medical School Department of Ophthalmology has led to formalized inter-institutional affiliations. The first was with the Schepens Eye Research Institute (SERI) in 1991, which opened the door for the recruitment of J. Wayne Streilein, M.D., as Director of Research at the SERI; during the past year he has been given the additional position of President of the SERI.

In May of 1996, affiliation discussions began between the Infirmary and the Brigham and Women's Hospital (BWH); the objective is that the ophthalmic care at the BWH will be offered by the Massachusetts Eye and Ear Associates. The portents are highly positive for a successful completion of these discussions.

The foregoing is an abbreviated summary of the achievements of the past year, placed within the larger context of the department's evolution over the past eight years. The Department of Ophthalmology at the Infirmary continues to enjoy national and world-wide renown, as evidenced by the frequency with which the staff wins prizes and media attention, and by its extremely high placement in the annual survey of ophthalmology departments published by the *US News &World Report.*

Ophthalmology Times, a weekly news magazine sent to all ophthalmologists in the United States and Canada, recently conducted a survey of the "Best Ophthalmologists." I am pleased to report that the Massachusetts Eye and Ear Infirmary had the largest number — nine physicians in this top echelon of around 100 ophthalmologists. Clearly the Infirmary is blessed to have trained such accomplished physicians and to have them remain affiliated with it; the Infirmary can also take much credit for providing patient care milieux and career platforms that have catapulted our staff into national and international recognition. Our hope is that many of the present trainees will achieve similar success in the future, and with some luck, even surpass their teachers.



Frederick A. Jakobiec, M.D.,
Chief of Ophthalmology


FUDA

Report from the Chief of Otolaryngology



Joseph B. Nadol, Jr., M.D.

The mission of the Infirmary is to provide excellence in patient care for disorders that affect the eye, ear, nose, throat, head and neck regions; to conduct basic and clinical research in its areas of specialty; to provide excellence in education and training of future health care professionals, research professionals; and to disseminate health-related information to the general public. The year 1996 saw significant activity and improvements in all areas.

In the Division of General Otolaryngology, under the direction of Gregory Randolph, M.D., a Walk-In Service was developed within the Emergency Room to provide prompt care to unscheduled, but non-emergent patients requesting otolaryngology consultation. In this first partial year of operation, the Walk-In Service saw over 3,000 patients. The multidisciplinary Facial Pain Clinic, under the direction of Salah Salman, M.D., sponsored a half-day conference on the diagnosis and management of facial pain in conjunction with New England Medical Center in December. Drs. Richard Gliklich and Randolph are participating as members of a multidisciplinary group dealing with the management of sinus disease in patients who are candidates for lung transplantation at the Massachusetts General Hospital (MGH).

The Voice Disorders Center continues its record of increased annual volume since its inception. In addition to serving as Director of the Voice Disorders Center, Robert Hillman, Ph.D., has become Director of the Graduate Program in Communication Sciences and Disorders at the MGH Institute of Health Professions. This honor recognizes Dr. Hillman's pre-eminence in the area of research and education at a national level.

In the Division of Head and Neck Surgical Oncology, under the direction of Richard Fabian, M.D., a new multidisciplinary head and neck group to improve treatment modalities and clinical research in the area of head and neck surgery was formed in collaboration with our colleagues at the Dana Farber Cancer Institute and with Partners Healthcare System. Dr. Fabian was named as Chairman of the Head and Neck Disease Center for Partners, which will coordinate the multidisciplinary activity in the area of head and neck oncology. Mark Varvares, M.D., was recruited to the Head and Neck Service. His interest in microvascular reconstruction and anterior skull base surgery will provide a new dimension to the capabilities of the Head and Neck Service.

The Hyperbaric Oxygen Unit is in its second year of operation and provides New England a unique service and professional expertise for difficult problems in wound healing, carbon monoxide and dive injuries. Thanks to the generosity of Mr. Norman Knight, a second hyperbaric chamber is now operational.

The Division of Facial Plastic and Reconstructive Surgery, under the direction of Mack Cheney, M.D., has had a successful and busy year. In addition to the important reconstructive mission, including free tissue transfer for complex reconstructive problems of the head and neck, the Service has significantly increased its profile in facial cosmetic surgery. In addition to his clinical responsibilities on the Plastics Service, Dr. Gliklich has established the Clinical Outcomes Research Unit, which is addressing important issues, including a critical assessment of the efficacy of clinical intervention.

The Jenks Vestibular Laboratory is now equipped to perform testing on children, and a normative pediatric database has been generated. In addition, a clinical research effort is underway to increase the discriminatory ability of existing vestibular clinical tests to make them more clinically valuable.

In Audiology, the computerized behavioral audiogram, which was developed in our Department, is now being "exported" to other departments nationally. It was recognized by the Mayo Clinic in Jacksonville, Florida, as the only system that could be fully integrated into their paperless medical record system without compromising the efficiency of the audiologists. In addition, the Department of Audiology has developed a system to provide a better

Pediatric Otolaryngologist Leila Mankarious, M.D., (right), performs a tonsillectomy and adenoidectomy on a young patient with the assistance of Ju Kim, M.D., an otolaryngology resident. As a teaching affiliate of Harvard Medical School, the Infirmary offers its residents and fellows the opportunity to benefit from the experience of top-ranked clinicians and researchers.

scientific foundation for hearing aid fitting than is now available. Recognition for the Infirmary's first fully automated ABR hearing neonatal hearing screener was given at the International Conference on Hearing Screening. This instrument, which was designed and validated by the MEEI Evoked Response Laboratory, is testing the hearing of more than 600,000 newborns per year in over 18 countries. MEEI audiologists screened all of the children in the Neighborhood House Charter School in Dorchester and all of the children from the L.H. Coffin School in Marblehead.

In collaboration with the Genetics Laboratory of Dr. Seidman at the Harvard Medical School, gene linkage has been accomplished for two families with non-syndromic sensorineural hearing loss. In conjunction with the Infectious Disease Unit at the Boston Medical Center, the efficacy of a new pneumococcal vaccine to prevent recurrent otitis media is being tested.

The Department was saddened by the passing of two individuals who were major contributors to the mission of the Infirmary over several decades: Max Goodman, M.D., on June 23 and Harold Schuknecht, M.D., on October 19, 1996. Dr. Goodman was Director of Otolaryngologic Pathology at the Infirmary since 1968. Dr. Schuknecht was Professor and Chief Emeritus of the Department of Otology and Laryngology at the Harvard Medical School and at the Massachusetts Eye and Ear Infirmary. He was internationally known for his contributions to the clinical practice of otology as well as his lifelong efforts to link medical and surgical treatment with the known pathology of the human inner ear. We were also saddened by the untimely passing of Ben Hammond, a student in the Speech and Hearing Sciences Program.

Professor Nelson Kiang retired as Director of the Department's Eaton-Peabody Laboratory of Auditory Physiology, and a Harvard search for the new director of has begun. Several other searches are now underway, which include a search for a molecular biologist in speech and hearing, a second research associate in the Mosher Laryngology Laboratory, and a vestibular physiologist. The generosity of the Board of Directors of the Infirmary has allowed the successful completion of funding for the Daniel Miller Professorship of Otology and Laryngology. The income from this professorship will be used to support a molecular oncologist to work in the area of head and neck neoplasia.

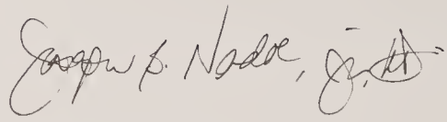
There have been a number of noteworthy research achievements in the Department in 1996:

- The neurochemistry group in the Eaton-Peabody Laboratory, headed by Drs. Sewell and Mroz, is in the final stages of identifying the neurotransmitter used by hair cells to communicate with auditory nerve fibers.

- The neural imaging group in the Eaton-Peabody Laboratory, headed by Drs. Melcher and Levine, have demonstrated that sound evoked activity can be visualized in the midbrain of awake human subjects using functional magnetic resonance imaging. This may provide new means of assessing the anatomic bases for processing of auditory information in the human brain stem and cortex, and may provide important new information on tinnitus.

- In the Cochlear Implant Research Laboratory, under the direction of Dr. Donald Eddington, a new wearable sound processor has been jointly developed with colleagues from Geneva and the Research Triangle Institute. This has been convincingly shown to significantly improve speech recognition among current implant users.

The Department was honored this year by designation by *US News &World Report* as the best clinical Department of Otolaryngology in the nation. The Department wishes to thank its patients, staff, and Board of Directors for their help and support in making this a busy and successful year.



Joseph B. Nadol, Jr., M.D.,
Chief of Otolaryngology

1996 Employee Stars



January
Frances Wong Ho
Fiscal Services



February
George Leach
Dietary



March
Jose Rivera-Gomez
Transportation Services



March
Vinnie Breton
Transportation Services



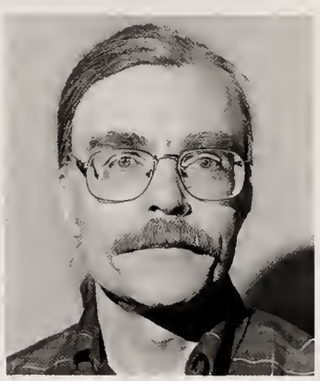
April
Aileen O'Donnel
Clinical Laboratory



May
Linda Scoppettuolo
Rehabilitation Center



June
Frances Fay Campion, R.N.
Nursing, 9th Floor



July
David A. Steffens
Eaton-Peabody Laboratory



August
DeeDee Rich
Research Administration



September
Barbara Paton
Bacteriology



October
Doreen Springer, L.P.N.
Nursing, Fluorescein
Laboratory Department



November
Van P. Thang Ngo
Pharmacy



December
Helen F. Todisco
General Eye Service



Diane E. Kaneb

Campaign Chair Makes $1 Million Gift

Board Member Diane E. Kaneb, Chair of the Infirmary's 21st Century Fund campaign, along with her husband Albert, made a $1 million leadership gift to unrestricted endowment toward the campaign. Half of their donation is in the form of a challenge to fellow board members and trustees. When pledges from directors and members of the Campaign Executive Committee reach $1.5 million, the Kanebs will add the second $500,000 to their initial gift. This would bring to at least $2.5 million the support of the board and campaign leadership toward the campaign objective of a minimum of $35 million.



Enjoying the reception are Boston Fire Commissioner Martin E. Pierce, Jr., (l), Norman Knight and Richard L. Fabian, M.D., director of the Infirmary's Center for Hyperbaric Medicine.

Boston Philanthropist Donates Hyperbaric Oxygen Chamber to Infirmary

Boston businessman and philanthropist Norman Knight donated a hyperbaric oxygen (HBO) chamber to the Infirmary, making a total of two chambers now being used in the Infirmary's Center for Hyperbaric Medicine. Knight, owner of Knight Quality Stations of New England, was honored in May at an Infirmary reception for his generous gift, which was made out of respect for healthcare providers and fire fighters. Those attending included Boston Fire Commissioner Martin E. Pierce, Jr.; Boston Fire Department members; members of the Hundred Club; and physicians, trustees, board members and employees of the Infirmary.

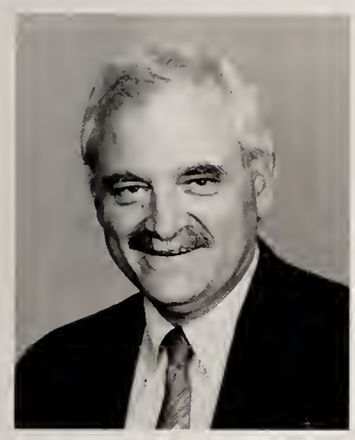
Reynolds Society Celebrates the Arts at 10th Anniversary Celebration

In October, the Reynolds Society celebrated its tenth anniversary with a gala celebration and the presentation of the Reynolds Society Achievement awards. The event featured award recipients who illustrate the universality of music and art, and the variety of ways in which each can be experienced and expressed. The recipients included percussionist Evelyn Glennie, who is profoundly deaf; George A. Covington, a disabilities rights advocate and photographer who is legally blind; and musician Anthony DeBlois, born autistic and blind. Rounding out the evening of arts, Joyce Kulhawik, arts and entertainment reporter for WBZ-TV Channel 4 in Boston, served as the Master of Ceremonies.



WBZ-TV Channel 4 Joyce Kulhawik presents Evelyn Glennie with a Reynolds Achievement award at the event.

Sheldon Buckler Elected Chairman of the Board



Sheldon A. Buckler, Ph.D.

Sheldon A. Buckler, Ph.D., was elected chairman of the Board for the Infirmary. He will serve a three-year term. Buckler has been a trustee of the Infirmary since 1984 and on its Board of Directors since 1986. He is chairman of the Commonwealth Energy System and was vice chairman of the Polaroid Corporation until his retirement in 1994.

Infirmary Awarded Perfect Score by JCAHO; Ranked High Among Top U.S. Hospitals in Publication

The Infirmary received a 100 percent score and "Accreditation with Commendation" from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This is the highest level of accreditation awarded by the Joint Commission. Only one percent of hospitals surveyed nationwide receive a score of 100, and only 12 percent receive Accreditation with Commendation.

In addition, for the seventh consecutive year, the Infirmary placed among the nation's top hospitals in the 1996 *U.S. News & World Report's* "Best Hospitals" survey. The Infirmary was ranked first in otolaryngology and fourth in ophthalmology.

Infirmary Expands Community Benefits Program

As part of its ongoing commitment to the well-being of the community, the Infirmary offered a range of free eye, glaucoma, cataract and hearing screenings to the Boston area, in cooperation with organizations such as the Massachusetts Society of Eye Physicians and Surgeons, the Massachusetts Executive Office of Elder Affairs, and the Massachusetts Department of Public Health. In addition, the Infirmary "adopted" the Neighborhood House Charter School in Dorchester, Mass. The Infirmary is providing ongoing, comprehensive vision and hearing care at no cost to the school's 103 students, who are in grades K-5. More than 25 percent of the students screened last spring required follow-up care or further evaluation.



An ophthalmology resident performs a vision screening at the Neighborhood House Charter School in Dorchester. The Infirmary "adopted" this school as part of its community benefits program.

Infirmary Mourns Loss of Three Physicians

The Infirmary notes with sorrow the deaths of Harold F. Schuknecht, M.D., former Chief of Otolaryngology, Max Goodman, M.D., Director of Otolaryngologic Pathology, and Ann Sullivan Baker, M.D., Director of the Infectious Disease Service.



Ann Sullivan Baker, M.D.



Max Goodman, M.D.



Harold F. Schuknecht, M.D.

1996 Statistical Report

Massachusetts Eye and Ear Infirmary

Fiscal Year 1996

Inpatient Hospital 51 Beds	Discharges:	
	Eye Discharges	365
	ENT Discharges	1,353
	Total	**1,718**
	Patient Days	6,312
	Average Length of Stay	3.67
Surgical Procedures	Inpatient Surgery:	
	Eye Cases	421
	ENT Cases	878
	Total	1,299
	Ambulatory Surgery:	
	Eye Cases	11,295
	ENT Cases	5,200
	Total	16,495
	Total Surgical Procedures	**17,794**
	Ambulatory Surgery Cases Utilizing Observation Service	5,312
Outpatient Department	Ophthalmology	
	General Eye	15,937
	Glaucoma	8,419
	Cornea	4,894
	Retina (including Immunology)	15,566
	Neuro-Ophthalmology	4,763
	Ocular Motility	1,725
	Eye Plastic	2,119
	Eye Pediatric	682
	Electroretinography	2,616
	Vision Rehabilitation	1,666
	Contact Lens	2,100
	Methuen Center	3,607
	Somerville Center	1,779
	Waltham Center	434
	Total	66,307
	Otolaryngology	
	Stoneham Center	14,436
	Wellesley Center	6,204
	Quincy Center	3,041
	Infirmary	39,415
	Total	63,096
	Total Outpatient Visits	**129,403**
Emergency Room	**Total Visits**	**23,689**
Special Services	Audiology Department	
	Outpatient Visits	10,614
	Hearing Aid Center	2,110
	Evoked Response	1,402
	Radiology Department	
	Conventional Exams	5,245
	CT Scan	3,922
	MRI	2,627
	Laboratories	
	Bacteriology (Cultures)	10,495
	Clinical Lab (Procedures)	133,104
	ENT Pathology (Specimens)	8,868
	Eye Pathology (Specimens)	4,506
	Frozen Section Laboratory	1,472
	Fluorescein Angiography	8,501
	Occupational Therapy	1,256
	Optical Shop	5,161
	Ultrasonography	3,234
	Vestibular Laboratory	2,267
	Voice and Speech Laboratory	5,853
	Hyperbaric Oxygen Treatments	897

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Balance Sheet

as of September 30, 1996

ASSETS

Current Assets	
Cash and Cash Equivalents	$2,816,558
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)	$1,268,241
Patient Accounts Receivable Less Allowance for Doubtful Accounts ($6,919,000)	$13,207,894
Other Current Assets	$3,895,266
Total Current Assets	$21,187,959
Assets Whose Use Is Limited	
Funded Depreciation	$3,654,912
Under Indenture Agreement	$5,544,182
Beneficial Interest in Trusts	$7,562,338
Investments	$66,762,261
Property, Plant & Equipment, Net	$72,250,790
Other Assets	
Prepaid Pension Costs	$837,805
Intangible Assets (Net of Amortization of $482,002)	$740,031
Deposits	$418,100
Total Assets	$178,958,378

LIABILITIES AND NET ASSETS

Current Liabilities	
Current Portion of Long-term Debt	$2,590,679
Accounts Payable and Accrued Expenses	$9,808,504
Accrued Interest	$766,481
Other Current Liabilities	$182,000
Estimated Third Party Payor Settlements	$6,908,807
Total Current Liabilities	$20,256,471
Long-term Debt, Less Current Portion	$46,414,776
Capital Lease Obligations	$780,936
Accumulated Post Retirement Benefit Obligation	$640,444
Professional Liability Reserve	$1,502,940
Total Liabilities	$69,595,567
Net Assets	
Unrestricted for General Operations	$34,228,753
Board Designated	$20,161,853
Total Unrestricted Net Assets	$54,390,606
Temporarily Restricted	$24,466,621
Permanently Restricted	$30,505,584
Total Net Assets	$109,362,811
Total Liabilities and Net Assets	$178,958,378

1996 Financial Statements

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Statement of Revenue and Expenses of the General Funds

as of September 30, 1996

Net Patient Revenue		
Net Patient Service Revenue	$73,862,508	
Other Operating Revenue		
(Including $12,189,190 from Research, Contributions and Grants)		$21,274,992
Total Operating Revenue		$95,137,500
Operating Expenses		
Patient Care and Clinical		$69,208,152
General and Administrative		$15,949,736
Research		$10,166,853
Education		$1,655,269
Total Operating Expenses		$96,980,010
Deficit of Revenues Over Expenses Before Prior Year's Reserves		($1,842,510)
Reduction of Prior Years' Reserves		$2,445,988
Income From Operations		$603,478
Other Gains		$995,371
Excess of Revenues Over Expenses		$1,598,849
Other Support		$836,052
Increase in Unrestricted Net Assets		$2,434,901

In addition, the Foundation received the following restricted funds income:

Gifts and Bequests	$2,412,251
Investment Income	
Interest and Dividends	$817,358
Realized Gains and Losses	$76,707
Unrealized Gains and Losses	$2,933,730

A copy of the audited financial statements is available upon request from the Office of Public Affairs, (617) 573-3340.

Susan Finn, R.N., B.S.N., C.R.N.O., clinical coordinator of the Infirmary's Morse Laser Center, was one of three nurses from throughout the nation to be awarded an advanced education scholarship by AKORN, an ophthalmic device company. The award was given at the American Society of Ophthalmic Registered Nurses meeting held during the American Academy of Ophthalmology annual meeting in Chicago. Ms. Finn also received an honor award for service from the American Society of Ophthalmic Registered Nurses. The Infirmary's nursing staff shares its expertise in ophthalmology and otolaryngology on a national level by being active in professional organizations.


COHERENT
NOTICE

Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Malcolm J. Heslop, M.D.
Jin Woo Kim, M.D.

Associate Anesthesiologists
Martin A. Acquadro, M.D., D.M.D., F.A.C.P., F.A.C.P.M.
Lynne R. Ferrari, M.D.
Tuan Xuan Nghiem, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Anne P. Bergwall, M.D.
Juan A. Damiani-Rivera, M.D.
Gail D. Grunberg, M.D.
Ilya Malikin, M.D.
T. Gordon McNabb, M.D.
Ronald J. Minter, M.D.
Gregory T. Palleschi, M.D.

Associate Staff

Assistant in Anesthesiology
Joseph J. Frassica, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
Robert P. Aftring, M.D.
Jonathan S. Bogan, M.D.
Angela M. Caliendo, M.D.
Carol Ehrlich, M.D.
Joel S. Finkelstein, M.D.
Christine M. Hay, M.D.
Spyros A. Kalams, M.D.
Laurence Katznelson, M.D.
Barrett Kitch, M.D.
William A. Kormos, M.D.
Kathryn Martin, M.D.
Allan E. Pineda, M.D.
Ann E. Taylor, M.D.
Ravi Thadhani, M.D.
Stephen C. Threlkeld, M.D.
Ramnik J. Xavier, M.D.

Infectious Disease Service
Ann Sullivan Baker, M.D.*
Marlene L. Durand, M.D.

Department of Ophthalmology

Active Staff

Chief of Ophthalmology
Frederick A. Jakobiec, M.D.

Associate Chiefs of Ophthalmology
Dimitri T. Azar, M.D.
Donald J. D'Amico, M.D.
Kathryn Colby, M.D., Ph.D.
John I. Loewenstein, M.D.
Mark J. Lucarelli, M.D.

Surgeons in Ophthalmology
Ann M. Bajart, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Jack F. Bowers, M.D.
Robert J. Brockhurst, M.D.
Donald J. D'Amico, M.D.
Richard L. Dallow, M.D.
Claes H. Dohlman, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, M.D.
H. MacKenzie Freeman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
Arthur S. Grove, M.D.
Tatsuo Hirose, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D., Ph.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
Deborah P. Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
John I. Loewenstein, M.D.
Peter L. Lou, M.D.
J. Wallace McMeel, M.D.
Edward B. Murphy, Jr., M.D.
Ronald C. Pruett, M.D.
Charles D.J. Regan, M.D.
Perry Rosenthal, M.D.
Alfred W. Scott, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
John W. Shore, M.D.
Richard J. Simmons, M.D.
Felipe I. Tolentino, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.

Associate Surgeons
Dimitri T. Azar, M.D.
Gary E. Borodic, M.D.
Chester J. Boulris, M.D.
Sheldon M. Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Evan Dreyer, M.D.
Anthony J. Fraioli, M.D.
Alexander R. Gaudio, M.D.
Philip J. Harris, M.D.
David S. Hutchison, M.D.
James R. Lee, M.D.
Howard Martin, M.D.
Joan W. Miller, M.D.
Shizuo Mukai, M.D.
Robert A. Petersen, M.D.
Peter A. D. Rubin, M.D.
Delia N. Sang, M.D.
Bradford J. Shingleton, M.D.
Roger F. Steinert, M.D.
Trexler M. Topping, M.D.
John J. Weiter, M.D.
John J. Woog, M.D.
Lucy H. Young, M.D., Ph.D.

Assistant Surgeons
Mark Abelson, M.D.
Anthony P. Adamis, M.D.
Maida P. Antigua, M.D.
Paul G. Arrigg, M.D.
Nathalie F. Azar, M.D.
Michael A. Chang, M.D.
Romeo K. Chang, M.D.
Maryanna Destro, M.D.
Richard H. Feit, M.D.
Jeffrey P. Gilbard, M.D.
Andrew J. Gillies, M.D.
Edward F. Goodman, M.D.
Jeffrey P. Green, M.D.
Paul L. Gunderson, M.D.
Mark S. Hughes, M.D.
Alex E. Jalkh, M.D.
Kevin J. Kaufman, M.D.
Mark A. Latina, M.D.
Robert A. Lytle, M.D.
Craig A. McKeown, M.D.
Mariana D. Mead, M.D.
Peter A. Netland, M.D., Ph.D. (resigned 8/1/96)
Steven M. Patalano, M.D.
Vincent J. Patalano, M.D.
David G. Perkins, M.D.
Richard P. Pesavento, M.D.
Michael K. Pinnolis, M.D.
Donald W. Putnoi, M.D.
Thomas M. Richardson, M.D.
Claudia U. Richter, M.D.
Joseph F. Rizzo, III, M.D.
James W. Rosenberg, M.D.
Edward A. Ryan, M.D.
Francis C. Sutula, M.D.
Jonathan H. Talamo, M.D.
Daniel J. Townsend, M.D.
David M. Tracy, M.D.
Susan Wong, M.D.
Gloria Wu, M.D.

Assistants in Ophthalmology
John B. Constantine, M.D.
Eric G. Endo, M.D.
Macie Finkelstein, M.D.
David S. Gendelman, M.D.
Evan B. Gold, M.D.
Mary Elizabeth Hartnett, M.D.
Barry H. Jacobs, M.D.
Glenn P. Kimball, M.D.
Ernest W. Kornmehl, M.D.
Mark C. Kuperwaser, M.D.
Joseph J. Levy, M.D.
David G. Lotufo, M.D.
Richard Low, M.D.
Mary Jane McCarron, M.D.
Michael G. Morley, M.D.
Louis R. Pasquale, M.D.
Dale C. Oates, M.D., Ph.D.
P. David Reese, M.D.
Martin D. Richler, M.D.
Thomas Smith, M.D.
Neal G. Snebold, M.D.
Eliane Uninsky, M.D.
Paul J. Wasson, M.D.
Lawrence E. Weene, M.D.
Richard S. Weinhaus, M.D.
Janey Lee Wiggs, M.D., Ph.D.

on leave of absence
* deceased

Associate Staff

Surgeon
Ephraim Freedman, M.D.
Stephen J. Fricker, M.D.
John R. Gehring, M.D.

Associate Surgeons
Frank G. Berson, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
Clement Trempe, M.D.

Assistant Surgeons
Claudia Arrigg, M.D.
C. Davis Belcher, M.D.
David Z. Greenseid, M.D.
Ernst J. Meyer, M.D.
Roberto Pineda, M.D.
Carmen A. Puliafito, M.D.
Leon L. Remis, M.D.
Theodore Renna, M.D.
Ruthanne B. Simmons, M.D.

Assistants in Ophthalmology
Frederick C. Armbruster, M.D.
Jean-Bernard Charles, M.D.
Robert J. D'Amato, M.D.
Mark P. Dacey, M.D.
Elizabeth Daher, M.D.
Reza M. Dana, M.D.
Miriam Dougherty, M.D.
Deborah S. Eappen, M.D.
C. Douglas Evans, M.D.
Kweku Ghartey, M.D.
Bruce J. Gillers, M.D.
Cynthia L. Grosskreutz, M.D., Ph.D.
Robert Haimovici, M.D.
Deborah S. Jacobs, M.D.
Nabil I. Jarudi, M.D.
Vicki Kvedar, M.D.
Robert T. Lacy, M.D.
Kameran Lashkari, M.D.
Judy T. Lin, M.D.
O'Ine McCabe, M.D.
Edward F. McCarthy, M.D.
Timothy J. Murtha, M.D.
Steven A. Nielsen, M.D.
Lawrence I. Rand, M.D.
Peter A. Rapoza, M.D.
Elias Reichel, M.D.
Deborah K. Schlossman, M.D.
Bernard Schwartz, M.D., Ph.D.
Jeffrey L. Taveras, M.D.
John V. Thomas, M.D.
Lois M. Townshend, M.D.
Stewart J. Turner, M.D.
Kuldip K. Vaid, M.D.
Deborah E. Zuckerman, M.D.

Assistant Staff

Assistants In Ophthalmology
Shamik Bafna, M.D.
Andrew Blatt, M.D.
Kathryn Ann Colby, M.D., Ph.D.
Andrew Goldman, M.D.
Jeffrey Heier, M.D.
Robert N. Hogan, M.D.
Lynne B. Kaplinsky, M.D.
Yunhee Lee, M.D.
John G. Oster, M.D.
William J. Power, M.D.
William G. Stinson, M.D.

Consulting Staff

Associate Surgeons
Lloyd M. Aiello, M.D.
Don C. Bienfang, M.D.
Leo T. Chylack, M.D.
Eeva-Liisa Martola, M.D.
Richard M. Robb, M.D.

Assistant Surgeon
David Miller, M.D.

Courtesy Staff

Assistant Surgeons
Eric Johnson, M.D.
Jay Kaufman, M.D.
Brent Lambert, M.D.
Mary Gilbert Lawrence, M.D.
Peter B. Mooney, M.D.

Assistants in Ophthalmology
Jules L. Baum, M.D.
Michael Bradbury, M.D.
Joseph F. Burke, M.D.
Richard A. Dornfield, M.D.
Jay Duker, M.D.
David E. Eisenberg, M.D.
Bishara Faris, M.D.
George T. Frangieh, M.D.
Firmon E. Hardenbergh, M.D.
Mandi Z. Kunen, M.D.
Shelley G. McKee, M.D.
Mehul. C. Mehta, M.D.
Clifford M. Michaelson, M.D.
Michael J. Price, M.D.
Michael B. Raizman, M.D.
Stephen H. Rostler, M.D.
Joel Schuman, M.D.
Sabera T. Shah, M.D.
Omah S. Singh, M.D.
Lois E. Smith, M.D., Ph.D.
Sarkis H. Soukiasian, M.D.
Ernest A. Sutcliffe, M.D.
George A. Violin, M.D.
Stephen A. Youngwirth, M.D.
Mandi Zaltas, M.D.

Associate Surgeon
John Carroll, M.D.
Brent Lambert, M.D.

Emeritus Staff

Surgeons
S. Arthur Boruchoff, M.D.
Harry E. Braconier, M.D.
Thomas P. Cronin, M.D.
W. Morton Grant, M.D.
Warren D. Haley, M.D.
Carl Cordes Johnson, M.D.
Sumner D. Liebman, M.D.
George M. Olive, M.D.
Charles L. Schepens, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.
Silvio R. Von Pirquet, M.D.
Francis J. West, M.D.

Associate Surgeons
Frederic B. Breed, M.D.
Carl G. Freese, Jr., M.D.
John M. Hill, M.D.
Donald R. Weis, M.D.

Assistant Surgeons
Robert S. L. Kinder, M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.

Honorary Staff

Senior Honorary Surgeon
Irving L. Pavlo, M.D.

Associate Surgeon
Paul F. Vinger, M.D.

Assistant in Ophthalmology
Robert B. Cook, M.D.

Clinical Fellows

Juan-Carlos Abad, M.D.
Abha Amin, M.D.
Tad D. Baum, M.D.
Robert B. Bhisitkul, M.D.
Glenn C. Cockerham, M.D.
Robyn G. Cohen, M.D.
Bradley S. Foster, M.D.
Mark Harooni, M.D.
Eddie F. Kadrmas, M.D.
Charles J. Kent, M.D.
John J. Khadem, M.D.
Heather Mack, M.D.
Tod McMillian, M.D.
Amyna Merchant, M.D.
James D. Palmer, M.D.
Martin H. Reinke, M.D.
Nasrollah Samiy, M.D.
Santiago Sibayan, M.D.
Jill Ann Smith, M.D.
Charlotte Ricotta Thompson, M.D.
Marie Imelda Veloso, M.D.
David J. Weissgold, M.D.
Jean J. Yang, M.D.

Clinical Research Assistant

Yvonne M. Tsai, M.D.

Research Associates

Meredithe L. Applebury, Ph.D.
Vadim Y. Arshavsky, Ph.D.
Hong-Ming Cheng, Ph.D.
Gilbert Feke, Ph.D.
Cynthia A. Heth, Ph.D.
Shixing Hu, Ph.D.
Nancy H. Kolodny, Ph.D.
Clint L. Makino, Ph.D.
Jarema Malicki, Ph.D.
Dorothy J. Roof, Ph.D.
Michael A. Sandberg, Ph.D.
King To, M.D.
Thomas S. Vihtelic, D.V.M.
Jing Xiong, M.D.
Xun Zhang, Ph.D.

on leave of absence

Research Fellows

Marcio M. Abreu, M.D.
Esen K. Akpek, M.D.
Lama Al-Aswad, M.D.
Shiro Amano, M.D.
Sami Bati, M.D.
Arpad Bereczki, M.D.
Peter D. Calvert, M.D.
Leo L. Cheng, M.D.
Andrea P. De Mata, M.D.
Jie Gao, Ph.D.
Stephanie A. Hagstrom, Ph.D.
Li Kuan Hu, M.D.
George A. Hyatt, Ph.D.
Jing Jin, M.D., Ph.D.
Jeffrey P. Johnston, Ph.D.
Ekaterini C. Karatza, M.D.
Thomas C. Lee, M.D.
Tiansen Li, Ph.D.
Charalabos Livir-Pallatos, M.D.
Ming Lu, Ph.D.
Carlos Medina, M.D.
Hiroyuki Morimura, M.D.
Elina Nekrasova, Ph.D.
Eugene Wei-Min Ng, M.D.
Priscille Olle-Delahaye, M.D.
Amy H. Parminder, M.D.
Benalenander Pedro, M.D.
Victor L. Perez, M.D.
Vakur Pinar, M.D.
Maria Blanca Rojas, M.D.
Richard Rustandi, Ph.D.
Elizabeth J. Samelson, M.D.
Jeri-Lynn Schremser, M.D.
Kimberly C. Sippel, M.D.
Hisao Terada, M.D.
Nattaport Tesavibul, M.D.
Panagiotis G. Theodosiadis,
Shuji Yamamoto, M.D., Ph.D.
Panayotis Zafirakis, M.D.

Residents

Nasrin A. Afshari, M.D.
Bonnie B. An, M.D.
Jeffrey W. Berger, M.D., Ph.D.
Scott C. Brun, M.D.
Scott E. Burk, M.D.
Emil W. Chynn, M.D.
Mary Pei-Ann Coday, M.D.
Elizabeth R. Davis, M.D.
Jeffrey T. Finer, M.D.
Kenneth B. Graham, M.D.
Jeffrey K. Gregory, M.D.
Stephanie L. Harper, M.D.
Eddie W. Harris, M.D.
Dennis Y. Kim, M.D.
Rosa Y. Kim, M.D.
Magdalena Krzystolik, M.D.
Quan Nguyen, M.D.
Eugene S. Lit, M.D.
Susannah G. Rowe, M.D.
Melanie Ryan-Graham, M.D.
Yichieh Shiuey, M.D.
Michael J. Tolentino, M.D.
Antonio F. Vinals, M.D.
Lynette M. Watkins, M.D.
Sonia H. Yoo, M.D.
Timothy T. You, M.D.

Services

Cataract Consultation and General Eye Service
Edward P. Murphy, Jr., M.D., Co-Director
William J. Power, M.D., Co-Director

Cornea Consultation Service
Anthony P. Adamis, M.D., Acting Director (through 6/30/96)
Dimitri T. Azar, M.D., Director (effective 8/1/96)

Diabetic Retinopathy Service
Donald J. D'Amico, M.D., Director

Electroretinography Service
Eliot L. Berson, M.D., Director

Eye Emergency Service
Vincent J. Patalano, II, M.D., Director (through 8/31/96)
Jeffrey P. Green, M.D., Director (effective 9/1/96)

Epidemiology Unit
Johanna M. Seddon, M.D., Director

Eye Virology
Deborah Pavan Langston, M.D., Director

Glaucoma Consultation Service
Evan B. Dreyer, M.D., Ph.D., Director

Immunology-Uveitis Service
C. Stephen Foster, M.D., Director

Keratorefractive Surgery Service
Anthony P. Adamis, M.D., Acting Director (through 6/30/96)
Dimitri T. Azar, M.D., Director (effective 7/1/96)

Methuen Eye Center
Jack F. Bowers, M.D., Director

Morse Laser Center
Evangelos S. Gragoudas, M.D., Director

Neuro-Ophthalmology Service
Simmons Lessell, M.D., Director

Ocular Motility and Pediatric Ophthalmology Service
Robert Petersen, M.D., Director (through 1/1996)
Anthony J. Fraioli, M.D. Acting Director (1/96-7/96)
Nathalie F. Azar, M.D. Director (effective 8/96)

Oculoplastics Service
Peter A.D. Rubin, M.D., Director

Ophthalmic Oncology Service
Frederick A. Jakobiec, M.D., Director

Ophthalmic Pathology
Thaddeus P. Dryja, M.D., Director

Residency Training
Anthony P. Adamis, M.D., Director

Retina Service
Evangelos S. Gragoudas, M.D., Director

Somerville Eye Center
Steven M. Patalano, M.D.
Vincent J. Patalano, M.D.
Co-directors

Trauma Service
Mark J. Lucarelli, M.D., Director (through 6/96)
Kathryn Ann Colby, M.D., Director (effective 7/96)

Vision Rehabilitation Service
Joel A. Kraut, M.D., Director

Research Staff

Berman-Gund Laboratory for the Study of Retinal Degeneration
Eliot L. Berson, M.D., Director
Peggy Rodriguez, Manager of Administration
Tiansen Li, Ph.D.
Michael A. Sandberg, Ph.D.

Howe Laboratory of Ophthalmology
Meredithe L. Applebury, Ph.D., Director
Vadim Y. Arshavsky, Ph.D.
Hong-Ming Cheng, Ph.D., O.D.
Clint L. Makino, Ph.D.
Jarema Malicki, Ph.D.
Dorothy Roof, Ph.D.
Jing Xiong, M.D.

Epidemiology Unit
Johanna M. Seddon, M.D., Director
Elizabeth Samelson, Ph.D.

Ocular Molecular Genetics Institute
Thaddeus P. Dryja, M.D., Director

Department of Otolaryngology

Active Staff

Chief of Otolaryngology
Joseph B. Nadol, Jr., M.D.

Surgeons
Barry J. Benjamin, M.D.
Roland D. Eavey, M.D.
Howard M. Ecker, M.D.
A. Greer Edwards, M.D.
Richard L. Fabian, M.D.
Robert H. Freedman, M.D.
Edward J. Glinski, M.D.
C. Edward Jackson, M.D.
Edward E. Jacobs, M.D.
Parviz Janfaza, M.D.
Roy A. Johnson, M.D.
Michael P. Joseph, M.D.
Donald G. Keamy, M.D.
Thomas R. Klein, M.D.
Robert H. Lofgren, M.D.
Ralph B. Metson, M.D.
William W. Montgomery, M.D.

on leave of absence

Active Staff (Continued)

Joseph A. Moretti, M.D.
Thomas J. Mulvaney, M.D.
Joseph B. Nadol, Jr., M.D.
David E. Nash, M.D.
David L. Pierce, M.D.
Steven D. Rauch, M.D.
Edward J. Reardon, M.D.
Salah D. Salman, M.D.

Associate Surgeons
Peter S. Ambrus, M.D.
Mack L. Cheney, M.D.
Michael J. Cunningham, M.D.
Peter N. Friedensohn, M.D.
Richard Hillel, M.D.
Ely A. Kirschner, M.D.
Robert M. Kiskaddon, M.D.
Michale J. McKenna, M.D.
Lawrence Mambrino, M.D.
Gregory Ota, M.D.
Dennis S. Poe, M.D.
Michael A. Williams, M.D.

Associate Neurologist
Stephen W. Parker, M.D.

Assistant Surgeons
Jose D. Angeles, M.D.
Samir Bhatt, M.D.
David M. Bowling, M.D.
Jeffrey S. Brown, M.D.
Thomas A. Chasse, M.D.
Pamela F. Diamond, M.D.
Richard E. Gliklich, M.D.
Ralph A. Iannuzzi, M.D.
George Kazda, M.D.
Paul M. Konowitz, M.D.
James W. Lucarini, M.D.
Saumil N. Merchant, M.D.
Steven M. Zeitels, M.D.

Consultant in Allergy and Immunology
Martin G. Ostro, M.D.

Consultant in Otoneurology
John G. Oas, M.D.

Pathologist
Max Goodman, M.D.*

Assistant Pathologist
Ben Zion Pilch, M.D.

Assistants in Otolaryngology
Nicolas Y. BuSaba, M.D.
John B. Lazor, M.D.
Leila A. Mankarious, M.D.
Roger C. Nuss, M.D.
Gregory W. Randolph, M.D.
Eric H. Stein, M.D.
Robert A. Stern, M.D.
Mark A. Varvares, M.D.

Assistant in Otolaryngology
(Neurology)
Robert A. Levine, M.D.

Associate Staff

Associate Surgeons
Victor E. Calcaterra, M.D.
Robert P. Cipro, M.D.
Marvin P. Fried, M.D.
Bruce R. Gordon, M.D.
Ivo P. Janecka, M.D.
Clarence E. Kylander, M.D.
Trevor J. McGill, M.D.
Charles M. Norris, M.D.
J. Nicholas Vandemoer, M.D.

Assistant Surgeons
Fred G. Arrigg, M.D.
Stuart H. Bentkover, M.D.
Bjorn Bie, M.D.
Robert A. Frankenthaler, M.D.
James Hughes, M.D.
Arthur M. Lauretano, M.D.
Richard A. Moss, M.D.
Jo Shapiro, M.D.
Stephen Smith, M.D.
David M. Vernick, M.D.

Assistants in Otolaryngology
Harsha V. Gopal, M.D.
Bryan T. Ho, M.D.
Cliff A. Mergerian, M.D.
Mark Poulin, M.D.
Renee Rossi, M.D.

Consultant in Dermatologic Surgery
Jessica Fewkes, M.D.

Consultant in Neurosurgery
Robert Ojemann, M.D.

Consultants in Hyperbaric Medicine
Jeffrey A. Blair, M.D.
Alasdair K. Conn, M.D.
Robert L. Sheridan, M.D.
Stephen H. Thomas, M.D.

Consulting Staff

Consultant in Allergy and Immunology
Richard A. Moscicki, M.D.

Consultant in Dermatology
Oon T. Tan, M.D.

Consultant in Maxillofacial Prosthetics
Matthew J. Jackson, M.D.

Consultant in Prosthodontia
Peter E. Goldberg, D.M.D.

Consultant in Radiation Oncology
Paul G. McKeough, M.D.

Courtesy Staff

Assistant Surgeons
Pamela D. Dana, M.D.
Edward Donovan, M.D.
Terry Garfinkle, M.D.
Usama S. Hamdan, M.D.
James B. Howell, M.D.
Charles Leidner, M.D.
Joseph H. Oyer, M.D.
Jonathon S. Sillman, M.D.
Leslie M. Silverstein, M.D.
Harry Dennis Snyder, M.D.

Associate Surgeons
Joseph F. DiTroia, M.D.
Peter Van Orman, M.D.

Assistants in Otolaryngology
James L. Demetroulakos, M.D.
Maynard C. Hansen, M.D.
Cheong H. Kim, M.D.

Oral and Maxillofacial Surgery
Meredith August, M.D.

Honorary Staff

Associate Surgeon
William G. Lavelle, M.D.

Associate Surgeon
(Neurology)
Alfred D. Weiss, M.D.

Chief Emeritus
Harold Schuknecht, M.D.*

Surgeons
Edgar M. Holmes, M.D.
Robert E. Klotz, M.D.
John M. Kurkjian, M.D.

Emeritus Staff

Senior Consulting Surgeon
J. Charles Drooker, M.D.

Surgeons
Yale J. Berry, M.D.
William L. Hayden, M.D.
Alfred L. Hurst, M.D.
Charles Kent, M.D.
John C. Trakas, M.D.

Research Fellows

Gerald P. Bailey, D.D.S.
Colette S. Boex-Spano, Ph.D.
Theresa A. Hadlock, M.D.
Masashi Hamada, M.D.
S. Armagan Incesulu, M.D.
Chikashi Kusakari, M.D.
Ahmaed Mohamed Morsi, M.D.
Hiro-Oki Okamura, M.D., Ph.D.
Alexandre Radu, M.D.
Angela M. Rodriguez, M.D.
Jan Ole Schubert, M.D.
Feodor Ung
Pa-Chun Wang, M.D.
Kenneth B. Whittemore, M.S.
Tsung-Po Wu, M.D.
Tarek Youssef, M.D.
Guangwel Zhou, M.D.

Clinical Fellows

Robert W. Jyung, M.D.
Mark F. Rounds, M.D.

Residents

John F. Ansley, M.D.
Albert Assad, M.D.
Neil Bhattacharyya, M.D.
Jean M. Bruch, M.D.
David S. Caradonna, M.D.
Harold Chow, M.D.
Daryl G. Colden, M.D.
Wade W. Han, M.D.

on leave of absence
* deceased

Residents (Continued)

Craig A. Jones, M.D.
Sandeep Kathju, M.D.
David A. Kieff, M.D.
Jennifer C. Kim, M.D.
Ju Y. Kim, M.D.
Amy Lai, M.D.
John G. Meara, M.D.
Evan R. Reiter, M.D.
Noah S. Siegel, M.D.
Darshan K. Vyas, M.D.
Richard J. Wong, M.D.

Services

Audiological Services
Aaron Thornton, Ph.D.,
Director

Auditory Evoked Response
Joseph B. Nadol, Jr., M.D.,
Medical Director

Endoscopy Service
William W. Montgomery, M.D.,
Director

ENT Emergency Service
Mack L. Cheney, M.D.,
Director

Facial Plastics and Reconstructive Surgery Service
Mack L. Cheney, M.D.,
Director

Facial Nerve Center
Michael J. McKenna, M.D.,
Director

General ENT Outpatient Service
Gregory W. Randolph, M.D.,
Director

Head and Neck Surgical Oncology Service
Richard L. Fabian, M.D.,
Director

Hyperbaric Oxygen Unit
Richard L. Fabian, M.D.,
Director

Intermediate Care Unit
Richard L. Fabian, M.D.,
Director

Jenks Vestibular Diagnostic Laboratory
Conrad Wall, III, Ph.D.,
Director
John Oas, M.D.,
Medical Director

Medical Student Education
Steven D. Rauch, M.D.,
Coordinator

Otolaryngologic Pathology Service
Ben Z. Pilch, M.D.,
Director

Otology Service
Joseph B. Nadol, Jr., M.D.,
Director

Pediatric Otolaryngology Service
Roland D. Eavey, M.D.,
Director

Residency Training
Joseph B. Nadol, Jr., M.D.,
Director

Sinus Center
Salah D. Salman, M.D.
Director

Voice and Speech Laboratory
Robert Hillman, Ph.D.,
Director
William W. Montgomery, M.D.,
Medical Director
Steven M. Zeitels, M.D.,
Associate Medical Director

Walk-In Service
Gregory W. Randolph, M.D.,
Director

Research Staff

Amelia Peabody Otoimmunochemistry Laboratory
Joe C. Adams, Ph.D.,
Director

Audiology
Aaron R. Thornton, Ph.D.,
Director
Chris Halpin, Ph.D.
Barbara S. Hermann, Ph.D.

Auditory Prosthesis Laboratory
Robert D. Hall, Ph.D.,
Director

Clinical Outcomes Research Unit
Richard E. Gliklich, M.D.,
Director

Cochlear Implant Research Laboratory
Donald K. Eddington, Ph.D.,
Director
Darlene Ketten, Ph.D.
Joseph Tierney, S.M.

Eaton-Peabody Laboratory of Auditory Physiology
Nelson Y.S. Kiang, Ph.D.
Director *(retired 9/1/96)*
M. Charles Liberman, Ph.D.,
Acting Director *(effective 9/2/96)*
Alice Berglund, Ph.D.
M. Christian Brown, Ph.D.
Peter Cariani, Ph.D.
Steven Colburn, Ph.D.
Bertrand Delgutte, Ph.D.
Andrew B. Dobrzeniecki, Ph.D.
Dennis M. Freeman, Ph.D.
Lawrence S. Frishkopf, Ph.D.
Barbara C. Fullerton, Ph.D.
John J. Guinan, Ph.D.
Sharon Kujawa, Ph.D.
Ruth Y. Litovsky, Ph.D.
Tai Lin, Ph.D.
Jennifer R. Melcher, Ph.D.
William T. Peake, Ph.D.
Sunil Puria, Ph.D.
William M. Rabinowitz, Ph.D.
John J. Rosowski, Ph.D.
Christopher Shera, Ph.D.
Thomas F. Weiss, Ph.D.
F. Ishmael Stefanov-Wagner,
Research Support Engineer
David A. Steffens,
Research Support Engineer

Neurochemistry Unit
Edmund R. Mroz, Jr., Ph.D.
William F. Sewell, Ph.D.

Electron Microscopy Laboratory
Robert S. Kimura, Ph.D.,
Director

Evoked Response Audiometry Laboratory
Aaron R. Thornton, Ph.D.,
Director

Jenks Vestibular Diagnostic Laboratory
Conrad Wall, III, Ph.D.,
Director
John Oas, M.D.

Mosher Laryngology Research Laboratory
James B. Kobler, Ph.D.,
Director

Otopathology Laboratory
Harold F. Schuknecht, M.D.,*
Director

Temporal Bone Registry
Saumil Merchant, M.D.,
Director

Voice and Speech Laboratory
Robert Hillman, Ph.D.,
Director

Department of Radiology

Active Staff

Chairman of Radiology
James H. Thrall, M.D.

Chief of Radiology
Hugh D. Curtin, M.D.

Radiologists
Hugh D. Curtin, M.D.
Kiyokazu (Jack) Momose, M.D.

Assistants in Radiology
Kenneth R. Davis, M.D.
Michael H. Lev, M.D.
James D. Rabinov, M.D.
Pamela W Schaefer, M.D.

Research Fellow
Takashi Kaneda

Associate Staff

Associate Radiologist
R. Gilberto Gonzalez, M.D.

Emeritus Staff

Consultant in Radiotherapy
Milford Schulz, M.D.

Consulting Staff

Assistant Radiologist
Ricardo Sanchez, M.D.

Clinical Associate in Radiology
Jeanne D. Keller, M.D.

Consultants in Radiotherapy
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

on leave of absence
* deceased

Administration

President
F. Curtis Smith

General Counsel
Barbara F. Katz

Vice President for Patient Services
Carol Covell, R.N., M.S.

Administrative Director for Ophthalmology
Javier Balloffet

Vice President for Finance
Peter J. Chinetti

Administrative Officer for Otolaryngology
Jean MacQuiddy

Vice President for Development and Public Affairs
Mark Kostegan, FAHP

Director of Human Resources
Jeanne Benoit

Trustees

(As of Dec. 4, 1996)

1948 August R. Meyer, *Emeritus*
1951 Melville Chapin, *Emeritus*
1955 Weston Howland, Jr.
1965 Mrs. John Lowell, *Honorary*
1967 John M. Lord, *Emeritus*
1967 William F. Spang, *Emeritus*
1967 Monte J. Wallace
1971 Robert C. Jordan, *Honorary*
1971 Mrs. Robert C. Meisel
1971 Robert D. Williams
1972 Matthew J. Burns
1972 Leo H. Daley
1972 Mrs. William P. Ellison
1973 J. Frank Gerrity, *Emeritus*
1973 Robert T.P. Storer, Jr.
1973 Frederick G.P. Thorne
1974 Bruce A. Beal
1976 Walter A. Rosenblith, Ing. Rad, *Emeritus*
1977 Sandra Carnegie Steele
1979 William H. Claflin, IV
1979 Mrs. Ernest J. Sargeant
1979 Ann Sargent
1980 Thomas M. Reardon
1980 Eli Shapiro, Ph.D.
1980 Endicott Smith
1981 Joseph Auerbach
1981 Maynard Goldman
1981 John C. Kane, Jr.
1982 Jonathan M. Keyes
1983 Ephraim Friedman, M.D.
1983 John F. Palmer
1983 Manuel Rosenberg
1983 Wayne D. Thornbrough
1983 Charles T. Wood
1984 Sheldon A. Buckler, Ph.D.
1984 Richard A. MacKinnon
1984 George J. Rabstejnek
1985 Karen K. Chandor
1985 John Dowling, Ph.D.
1985 Harold Schuknecht, M.D., *Emeritus**
1985 Mrs. Bruce Silver
1986 George Berkowitz
1986 Alexander A. Bernhard, *Emeritus*
1986 James S. Cook, Emeritus
1986 W. Morton Grant, M.D., *Honorary*
1986 Diane E. Kaneb
1986 Peter S. Lynch
1986 Malcolm L. Sherman
1987 Susan Morse Hilles
1987 Winthrop G. Minot
1988 Harold Alfond
1988 Richard W. Blackburn
1988 William H. Darling, C.P.A.
1988 Raymond E. Desautels
1988 John O'Sullivan Francis
1988 George J. Guilbault
1988 Charles F. Kiefer, III
1988 Timothy J. Lord
1988 Raymond F. Murphy, Jr.
1988 Neil St. John Raymond
1988 William E. Roman
1988 Kenneth R. Rossano
1989 Alan J. Dalby
1989 Michael P. Last
1989 William G. Lavelle, M.D.
1989 J. Louis Newell, Jr.
1991 Professor Elliott L. Atamian
1991 W. Gerald Austen, M.D.
1991 Rufus L. Grason
1991 James F. Sullivan, Sr.
1993 Lucille Batal
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1993 John H. Goldsmith
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The Infirmary gratefully acknowledges the thoughtfulness of those individuals who supported the hospital through a bequest.

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1996 Massachusetts Eye and Ear Infirmary Annual Report
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Planned Giving

From its beginning 172 years ago, and in every challenge since, the Infirmary's source of strength and promise has been found in enlightened philanthropists who have helped us sustain our mission. As the 21st Century Fund campaign continues, we hope to build upon this legacy of support and to encourage our benefactors to participate in the stewardship of the Massachusetts Eye and Ear Infirmary. The Life Income Programs of the Massachusetts Eye and Ear Infirmary offer very attractive ways to support research, teaching and patient care programs. The following summary of giving vehicles is designed to provide you with a basic understanding of the benefits of each life income plan. It is intended to point you in the right direction. We encourage you to further explore the options in order to develop a charitable giving strategy which is most advantageous to you.

Method	Form of Gift	Income for Donor	Federal Tax Implication
Gift Annuity	Cash. Appreciated property. Minimum initial contribution: $5,000. Additional gifts: $2,500.	Annual lifetime income payment to you or a designated beneficiary. Single life annuity rates range from 6.5% to 12%, depending upon the age of the income recipient. Income is fixed.	Deduction for that portion representing the difference between the amount of the annuity and the value of the annuity payment.
Pooled Income Fund	Cash. Appreciated property. Minimum initial contribution: $5,000. Additional gifts: $2,500.	Annual lifetime income payment is determined annually based on the fund's rate of return. Income is variable.	Deduction for value of donation minus the value of income stream.
Charitable Remainder Unitrust	Cash. Appreciated property. Minimum initial funding: $100,000. Additional contributions allowed.	Percentage of the trust's assets as valued annually. Minimum payout: 5%. Income is variable.	Deduction for value of donation minus the value of income stream.
Charitable Remainder Annuity Trust	Cash. Appreciated property. Minimum initial funding: $100,000. Additional contributions cannot be made to an annuity trust.	Percentage of trust's value at time it is established. Minimum payout: 5%. Payment is a fixed and specified dollar amount regardless of the trust's investment performance.	Deduction for value of donation minus the value of income stream.

Additional information on the Infirmary's Life Income Programs, as well as other gift planning opportunities, can be obtained by writing or calling:

Mark Kostegan, FAHP
Vice President for Development and Public Affairs
Massachusetts Eye and Ear Infirmary
243 Charles Street
Boston, MA 02114-3096
(617) 573-3342

Your inquiry will be held in strict confidence.

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ANNUAL REPORT 1997



Massachusetts Eye and Ear Infirmary

Massachusetts Eye and Ear Infirmary

THE 21ST CENTURY FUND

DELIVERING *on* OUR PROMISE

The 21st Century Fund is an enduring partnership of the private sector and the Massachusetts Eye and Ear Infirmary in the uninterrupted pursuit of medical discovery. The Fund seeks to benefit revolutionary programs that have put the Infirmary at the forefront of emerging technologies and treatments, and to secure the future through endowments that support research, teaching and patient care.

A comprehensive campaign with a goal of $50 million is underway to address endowment needs, facility improvements, and annual support.

The 21st Century Fund challenges individual and institutional funding sources to share a vision for the future that resembles no past centuries; to create resources for innovations not yet imagined; and to reassure those of our community that compassionate care will always be available at the Massachusetts Eye and Ear Infirmary.

(Cover photos, left to right)
Otologist Michael J. McKenna, M.D., (right) observes clinical fellow Hinrich Staecker, M.D., in the Temporal Bone Dissection Laboratory. As a Harvard Medical School teaching affiliate, the Infirmary is responsible for training the specialists of the future.

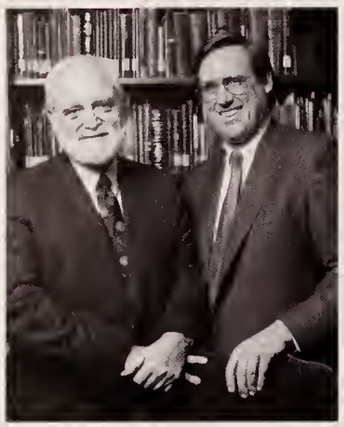
Students from the Neighborhood House Charter School in Dorchester, Mass., pause for a photo after a successful eye exam. The Infirmary has adopted the school as part of its community benefits program.

Richard Gliklich, M.D., an otolaryngologist and facial plastics surgeon, performs one of the nearly 19,000 surgical procedures which take place each year at the Infirmary.

Treating and saving the sight and hearing of children has been an integral part of the Infirmary's mission since its founding. A vital component of the Pediatric Department that sets the Infirmary apart is the compassionate pediatric nurses who help the children and their families feel more comfortable with the hospital's environment. Pediatric nurse Patrice Chiavelli, R.N., helps make patient Anastazia Celona feel more at ease during her stay on the Pediatric Unit.


PATRICE CHIAVELLI R.N.

Report from the President and the Chairman



F. Curtis Smith (r) and
Sheldon A. Buckler, Ph.D.

Last year, we stated that the Infirmary was faced with many challenges – from reductions in Medicare, Medicaid and Blue Cross reimbursements, to reductions in support of our superb educational and research efforts. At that time we pledged to commit all of the energies of the management team, the employees, the medical staff, and the Directors to fight for and to preserve this great institution. A year later, we are winning this battle. Not only did we exceed our target for a break-even budget in 1997, the Infirmary had its best year within the last five years, surpassing all expectations. The primary reason for our success was a significant increase in volume generated by the medical staff. The volume in our operating rooms increased by five percent, with more than 14,300 cases performed this year. Since many of these cases were tertiary cases, our inpatient activity increased by more than six percent. The ambulatory visits made by the patients seeking help by the medical staff also increased by six percent. Last year alone more than 210,000 patients were seen at the Infirmary.

The medical staff and their patients came to the institution because of our commitment to the highest quality of care and because of key program enhancements. For example, the expansion of our Head and Neck program enabled Dr. Richard L. Fabian to recruit Dr. Mark Varvares to expand the clinical services offered at the Infirmary. The expansion of the Voice and Speech Laboratory allowed Drs. Steven Zeitels and William Montgomery to increase their activity. Dr. Frederick Jakobiec's recruitment of Dr. Dimitri Azar as head of the Cornea and Refractive Disease Services has allowed this area to grow rapidly. In addition, Dr. Jakobiec was able to strengthen our Pediatric Ophthalmology Service with the recruitment of Dr. Nathalie Azar. The ever-growing Retina Service, under the direction of Dr. Evangelos Gragoudas, has helped the Infirmary to improve the lives of more patients.

Growth has been and will continue to be a critical factor. The investment into modernized, consolidated, outpatient ophthalmology facilities has drawn positive comments from the staff and patients who utilize this area, and is another factor in our success. Our relationship with the Massachusetts General Physicians Organization (MGPO), which was negotiated this year, resulted in a majority of our medical staff becoming the ophthalmologists and otolaryngologists of this important organization. With this decision, our existing radiologists have joined their colleagues within the MGPO. We now see many more MGH patients in the Infirmary's radiology department, and volume has increased this year by more than seven percent. The purchase by Massachusetts Eye and Ear Associates (MEEA) of the ophthalmology practice of the Brigham Surgical Group is also a significant factor in our success. All of the ophthalmologists previously employed by the Brigham Surgical Group accepted offers to join MEEA. Each physician is free to determine what hospital to use for his patients, based on what is in each patient's best interest. And we like to think that we know where the best ophthalmology care is given: In 1997, the Infirmary was recognized as one of the best specialty hospitals in the country by *U.S. News & World Report* for the eighth consecutive year.

Other key reasons for our success revolve around the excellence of our nursing care and other staff. Under the direction of Carol Covell, R.N. M.S., Vice President of Patient Care Services, the care provided in our operating rooms and nursing units is unsurpassed. Our fiscal department, under the direction of Peter Chinetti, Vice President of Fiscal Services, has also delivered solid results. We are pleased with the expansion of the International Program, under the guidance of Missy Allen, and the work of Mary Elaine Leach and Nicole Dorn in our Public Affairs and Marketing departments. We are particularly proud of the creation of a hospital website: **http://www.meei.harvard.edu.**

During the year, the hospital negotiated a long-term lease with the Spaulding Rehabilitation Hospital. By leasing over half of the tenth floor to Spaulding, we will not only provide better care for our patients, but will also create an additional revenue stream for the Infirmary. This year we approved a new Facial Plastics Center. Drs. Mack Cheney, Richard Gliklich, Peter Rubin and John Lazor have committed to providing a world-class Facial Plastics Center which will open in May of 1998. This addition to our ninth floor will also allow us to renovate the surgical ambulatory center so that all of our ambulatory surgical patients, over 13,000 in number, will be admitted and recover in a state-of-the-art center. In addition, we expanded new business opportunities at the Infirmary through the recruitment of Lisa Putukian, Vice President for Business Development, who will find opportunities within the intellectual properties of the organization. The first project identified was the development of an outside corporation to expand upon the work of Dr. Gliklich and

his clinical outcomes group. Although this project is still in its infancy, we are excited by its potential.

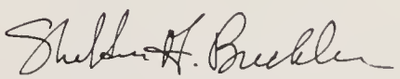
Our researchers have added to our success. The work of Drs. Thaddeus Dryja, Eliot Berson, Meredithe Applebury, Joan Miller, Anthony Adamis, Johanna Seddon and Joseph Rizzo have continued to push the frontier of vision research. In otolaryngology, the work of Drs. Don Eddington, Robert Hillman, Saumil Merchant, Joseph Nadol, Jr., Conrad Wall and Charles Liberman continues to be very exciting. With more than $12 million focused on these efforts, the Infirmary is able to maintain its leadership position in research. This year the Infirmary received a $4.5 million grant from the W.M. Keck Foundation to establish a Neural Prosthesis Research Center, which is a collaborative effort whose goal is to integrate and focus the unique skills represented by the Infirmary, the Draper Laboratory and the Massachusetts Institute of Technology on the development of neural prostheses, devices that connect with an individuals' nervous system to restore lost neural function, such as vision, hearing, voice and balance.

We also enhanced our community benefits program with the continuation of the Vision and Hearing Pilot project at the Neighborhood House Charter School in Dorchester. Under the direction of Dr. Nathalie Azar, Pediatric Ophthalmology, residents and fellows provided vision screenings to the 126 students at this school. Audiologists, under the direction of Dr. Aaron Thornton, provided hearing screenings. Many of the students have been diagnosed with problems and are now receiving care at the Infirmary. Our community benefits program is important, and we are seeking new venues to expand upon its success.

We are pleased to note the opening of the Vision Rehabilitation Service at the Carroll Center in Newton, which provides vision rehabilitation services to those who are unable to travel to Boston.

This year has been busy and successful, but the biggest news to report is the success of our 21st Century Fund. Last year we announced the ambitious plan for raising $35 million. A year later, we have exceeded this goal, and the Board has raised the campaign goal to $50 million. This decision was based on the great success we had in meeting our initial target due to the work of many people, including Diane E. Kaneb, Chair of the 21st Century Fund campaign, James Sullivan, Sr., Chairman of the Development Committee, Robert T.P. Storer, Jr., head of the Trustee Division of the 21st Century Fund, Mark Kostegan, former Vice President of Development and Public Affairs, his staff, and the many Trustee volunteers. Their tireless efforts led to the following key gifts during this campaign: Board Member Mrs. Kaneb and her husband Al, pledged $1 million in unrestricted endowment, half of which was granted as a challenge to fellow Board members. Eleanor Haley Schwartz of New York and her late husband Frederic, created unitrusts totaling $3 million in honor of the late Dr. Harold Schuknecht to support hearing research. Susan M. Hilles pledged $1 million for unrestricted endowment. Mrs. W. Dixie Reynolds Doreau pledged gifts including $270,000 to establish a molecular genetics laboratory dedicated to hearing loss. Norman Knight, who fully supported the Infirmary's second hyperbaric oxygen chamber, made a recent gift of $100,000 in honor of Dr. Richard Fabian to establish an endowed fund for hyperbaric medicine. The late John Merriam of Philadelphia established the Merriam and Montgomery Professorship with a gift of $2.2 million in honor of Dr. William Montgomery. The late John E. Rines established a $2.7 million trust to support medical care for glaucoma patients. In all, we have now raised more than $36 million towards our $50 million goal in the 21st Century Fund campaign.

Although 1997 was successful from many perspectives, the Infirmary cannot rest on its laurels. We must continue to meet the challenges and opportunities the financial forces have in store for us in 1998. We believe that we have already met the first challenge with a break-even budget for fiscal year 1998. The Board, the management and the medical staff share the belief that we can and will continue to succeed because we have a set of unique and valuable assets: an internationally-recognized brand name; a close and strong affiliation with Harvard Medical School; financial resources that no other group in our medical specialties can match; one of the lowest costs of any comparable Boston tertiary teaching hospital; a reputation for the highest quality clinical care supported by world-class research; a talented and dedicated medical and support staff; and experienced management. With the guidance of the Board, we will meet the challenges the coming years will bring to ensure that the Infirmary's future is as bright as its past.



Sheldon A. Buckler, Ph.D.
Chairman



F. Curtis Smith,
President

Report from the Chief of Ophthalmology



Frederick A. Jakobiec, M.D.

The Department of Ophthalmology at the Harvard Medical School (HMS) is a unitary department from the academic point of view, in which all of the affiliated institutions having ophthalmology activities function with a single executive committee (the Committee of Professors) and a single overall academic chairman, who has traditionally been the Chief of Ophthalmology at the Infirmary. A signal development during 1997 was the formal merger of the group practice in ophthalmology at the Brigham and Women's Hospital (BWH) with the Massachusetts Eye and Ear Associates (MEEA) at the Infirmary. This merger was accomplished after conducting careful negotiations that lasted almost a year. Mr. Jay Balloffet, Administrative Director of the Department of Ophthalmology at the Infirmary, deserves considerable credit for seeing these discussions through to a successful conclusion.

In this merger, all of the five clinicians at the BWH became full members of the MEEA. There is thus one clinical and economic entity for delivering hospital-based eye care between the Infirmary and the BWH and a clinical faculty of 40 individuals — the largest ophthalmic academic clinical practice in the country. Dr. Leo Chylack had decided to step down as Chief of Ophthalmology at the BWH and return to the laboratory to further his research interests in cataractogenesis. With the approval by Dr. Michael Zinner, Chief of Surgery at the BWH, of a new Chief of Ophthalmology, Dr. William Power, a smooth transition was accomplished. Dr. Chylack is now Vice Chairman of the Harvard Department of Ophthalmology for Research at the BWH, where he heads an internationally renowned clinical and laboratory research center devoted to the study of cataracts. In addition to the new physicians joining the MEEA from the BWH, I am also pleased to recognize the addition of Dr. Jorge Arroyo to the staff. He is a retinal surgeon who trained at Duke University for his fellowship; he is unique in the Department for being prospectively recruited to see patients at the Beth Israel Deaconess Medical Center, the BWH, and the Infirmary. At the Infirmary, he serves as Co-Director of the Eye Emergency Services with Dr. Kathryn Colby. Dr. Bonnie An Henderson also extended the roster of hospital-based physicians when she joined the Infirmary's General Eye Service in July after completing her residency here.

In the summer of 1997, discussions commenced between the Schepens Eye Research Institute (SERI) and the Infirmary regarding a possible Joint Clinical Research Center. At both the Infirmary and the SERI there is basic science research that could be translated into clinical therapies. Patient study protocols and clinical trials are approved by each institution's Clinical Review Board; after permission is given for a particular study, a patient will be recruited from the various services of the Infirmary and its affiliated doctors. A highly-professional unit with core personnel who are trained in epidemiology, biostatistics, and patient coordination will bring a high level of professionalism to such an activity. While the Harvard Department of Ophthalmology has for many years performed a great deal of clinical research, this new facility would enhance the development of improved therapies with due protection of patients.

The Department of Ophthalmology's residency and fellowship programs remain extremely strong, with the recent recruitment of seven more first-year residents and 20 clinical fellows who arrived in July 1997. We are proud of the institutional, geographic, intellectual, and ethnic diversity of our students, who come from all around the world. During early 1997, the residents at the Infirmary gave a course with their faculty preceptors entitled "The Eye and Systemic Disease," while the fellows gave another course called "Advances in Ophthalmic Oncology." Each will be published in 1998 by *International Ophthalmology Clinics*, and each will be a substantial polygraph of slightly more than 300 pages. Two more publications have also been accepted by *International Ophthalmology Clinics* from the Infirmary: the first will be edited by Dr. John Loewenstein on "Managed Care and Ophthalmology," and the second will be a course given by the fellows called "Advances in Ophthalmic Surgery." Two other textbooks are in press and were written by three doctors who are recent past graduates of the Infirmary's residency program in ophthalmology: the second edition of Dr. Jeffrey Lampkin's *The Massachusetts Eye and Ear Infirmary Review Manual for Ophthalmology* (Little, Brown) and Dr. Roberto Pineda's and Dr. Peter Kaiser's *The Massa-*

chusetts Eye and Ear Infirmary Diagnostic and Therapeutic Handbook of Ophthalmology (W.B. Saunders).

With respect to research, under the leadership of Dr. Meredithe Applebury, Director of the Howe Laboratory, the Department was awarded a postdoctoral training grant on molecular bases of eye disease. Dr. Applebury, together with Drs. Wayne Streilein of the SERI and Elio Raviola of the Neurobiology Department at Harvard Medical School, will direct a course of studies for those who have already obtained their Ph.D.s with 15 other vision scientists located at the Infirmary, the SERI, HMS, and the Department of Biology of Harvard University in Cambridge. The purpose of the grant is to attract talented individuals who have recently obtained their Ph.D.s to study intensively various aspects of eye disease with the most modern genetic techniques in the hope that they will commit themselves to a long-range career in vision science. This is the only postdoctoral training program of its type that the National Eye Institute has funded in the past decade. Six individuals will be enrolled each year into this program.

We are also pleased to announce that Dr. Thaddeus Dryja was elected to membership in the National Academy of Sciences, the only ophthalmologist ever to have been so honored. Dr. Clint Makino was awarded a Milton grant and a Mathilda Zeigler grant to study transgenic animal models of human disease. Dr. Johanna Seddon, together with scientists from other institutions, participated in a landmark study which found that 16 percent of patients with age-related macular degeneration have a genetic abnormality that is found in the less common juvenile macular degeneration referred to as Stargardt's disease. Age-related macular degeneration is a condition that affects 11 million people in the U.S., and, as the overall population ages (especially baby boomers), this number will sky-rocket. Finally, Dr. Jarema Malicki recently completed the establishment of his zebrafish facility. This is an exciting new area of research in ophthalmology and a brand-new one for the Department of Ophthalmology at HMS. It is premised on creating mutants in rapidly proliferating zebrafish that have a short lifespan and that can be induced to manifest ocular and occasionally ear abnormalities. Many of the genes and their abnormal variants that create diseases in lower species are also present in humans, so that his research is eventually expected to have a profound impact on unravelling some of the more common forms of human blinding disease.

Our most ambitious publication undertaking is the preparation of the revision of the six volume (6,000 page) *Principles and Practice of Ophthalmology* (W.B. Saunders). When it appeared in 1994, this textbook was widely acclaimed and won the prize for best medical textbook in any discipline from the American Association of Medical Publishers. The revision is a daunting prospect and is about 90 percent complete as of this report. Once again, the textbook will be in six volumes, with 390 authors or co-authors, and will comprise 423 chapters, about 20 percent of which are brand-new and the rest of which will have been revised. The textbook remains very heavily contributed to by faculty and trainees of the Harvard Department of Ophthalmology. I am delighted to have had Drs. Dimitri Azar and Evangelos Gragoudas join me as associate chief editors, while Dr. Daniel Albert in Madison, Wisconsin, remains as co-chief editor.

The viability of the academic group practice in ophthalmology has never been stronger. In addition to the merger of the BWH-based practice with the MEEA, our satellites have prospered, with the opening of a new one in Stoneham, Massachusetts. The Stoneham satellite is co-directed by Drs. Steven and Vincent Patalano, who also co-direct the Somerville satellite. Under the leadership of Dr. Dimitri Azar, our corneal refractive laser and surgical procedures are more numerous than at any other academic program or institution. For the first time, the total number of patients visiting the Infirmary, the BWH, and the three satellites (including Methuen) will top 100,000 per year. The surgical practice of the Infirmary's hospital-based physicians increased 10 percent in 1997, and we expect to see continued growth. The group practice remains financially solid and makes increasingly substantial financial contributions to the academic and research life of the Department.

Fashioning innovative links within the overall structure of the Harvard Department of Ophthalmology will continue. The Infirmary brings great clinical strength to these pursuits and objectives, and constitutes the bedrock for the clinical training of our residents and fellows, as well as for the ongoing continuing medical education efforts of the Department.



Frederick A. Jakobiec, M.D.,
Chief of Ophthalmology

Report from the Chief of Otolaryngology



Joseph B. Nadol, Jr., M.D.

The mission of the Infirmary is to provide excellence in patient care for disorders that affect the ear, nose, throat, head and neck regions; to conduct clinical and basic research in its area of specialty; to provide excellence in education and training of future health care and research professionals; and to disseminate health-related information to the profession and the general public. In 1997 there was significant activity in all areas.

In the Division of General Otolaryngology, under the direction of Dr. Gregory Randolph, a group of physicians, including members of the non-hospital based and hospital-based staff, reached consensus on the most appropriate technology to allow image-guided surgery for sinuses and other sites of the head and neck. This equipment has been utilized in over 90 cases, particularly in the area of endoscopic and open sinus surgery and skull base procedures. Interest and expertise in surgery of the thyroid and parathyroid glands has resulted in CME courses and the development of capacity to perform intraoperative parathyroid hormone assays. This may provide significant advantages in the management of parathyroid disease.

The Clinical Outcomes Research Unit, under the direction of Dr. Richard Gliklich, continued its work in developing specific health measures and new methodologies for the understanding of the socio-economic impact of interventions on patients with head and neck disease, vocal disorders, chronic otitis media, and sinus disease. He is presently developing methodology for expanding our abilities to understand the impact of head and neck reconstructive procedures, cost-effective screening strategies for obstructive sleep apnea and the development of new cost analysis methodology for understanding the economic effects of medical and surgical interventions.

In the Division of Head and Neck Surgical Oncology, under the direction of Dr. Richard Fabian, there has been a significant increase in the number of patients managed, both on an outpatient and inpatient basis. In collaboration with the Partners Healthcare System, a multidisciplinary clinic at the MGH has been restructured, and clinicians from the service have participated in the development of a Harvard-wide program in head and neck surgical oncology. The clinical volume of the Hyperbaric Oxygen Unit has significantly increased this year. A bi-annual newsletter has been launched, and the HBO Unit has been designated as a preferred provider by the Divers Alert Network.

The Voice and Speech Laboratory continues to show remarkable increases in the number of patients served. Director Dr. Robert Hillman was elected as an Associate Fellow of the American Laryngological Association and is the third Speech-Language pathologist to receive this honor in over 100 years of this organization's activities. Dr. William Montgomery, the medical director, continues his work on improvements in the area of laryngeal reconstruction. A prosthesis he developed to be used in thyroplasty surgery was approved by the FDA for general use. Dr. Steven Zeitels, co-medical director of the Voice and Speech Laboratory, serves as principal investigator for a project sponsored by the Partners Center for Procedural Medicine at the MGH in the area of endoscopic reversible laryngeal closure to prevent chronic aspiration. In addition, Dr. Zeitels is the director of a new Harvard-wide fellowship in laryngology and voice disorders. Dr. Mark Varvares continues his clinical activity in head and neck and anterior skull base surgery and microvascular reconstruction, at the Infirmary, MGH and the Dana-Farber Cancer Center.

A plastic surgery center, under the direction of Dr. Mack Cheney, was approved for construction on the ninth floor of the Infirmary. This new space will provide examination and operative space, specifically designed for these patients and will be the center of a hospital-wide program to increase the Infirmary's profile in facial plastic surgery, not only by otolaryngology, but also by ophthalmology and general plastic surgery.

The Infirmary is one of five clinical sites participating in a five-year national multi-center trial of immunosuppressive therapy for otoimmune disease sponsored jointly by the American Academy of Otolaryngology and the National Institute on Deafness and Other Communication Disorders. This effort is directed at the Infirmary by Dr. Steven Rauch.

The Cochlear Implant Research Laboratory, under the

direction of Donald Eddington, Ph.D., continues its work in improving auditory processing strategies for cochlear implants, principally focusing on methodology to balance loudness and restore normal loudness growth for implant users.

The Department's Audiology Division, under the direction of Dr. Aaron Thornton, has received a grant from the Oberkotter Foundation and a gift from Dr. and Mrs. Robert Seamans that will allow the establishment of an auditory rehabilitation program this year. This program will be based both in the North Suburban Center for Otolaryngology in Stoneham and at the Infirmary and will initially focus on early intervention for children with disabling hearing loss managed either with hearing aids or cochlear implants.

The National Temporal Bone Registry, coordinated by Dr. Saumil Merchant, continues to fulfill its mission of being a national resource of information for the public and scientific community to promote understanding of inner ear disease. In conjunction with Dr. Rosowski of the Eaton-Peabody Laboratory, Dr. Merchant continues his research efforts at modeling reconstructive surgery of the ear by developing methodology to better understand sound transmission through the middle ear.

Under the direction of Dr. Michael J. McKenna, the Otopathology Laboratory received grant support from the National Institute on Deafness and Other Communication Disorders to perform molecular and genetic studies on archival and newly acquired inner ear tissue. These new techniques offer great promise in providing information on a wide variety of hearing and balance disorders.

Dr. Conrad Wall, director of the Jenks Vestibular Laboratory, is the primary investigator of a project to evaluate labyrinthine deficient patients and astronauts, using advanced techniques of assessment of postural and loco-motor ataxia, spatial orientation and gaze stability. This work has been funded by NASA's newly formed National Space Biomedical Research Institute.

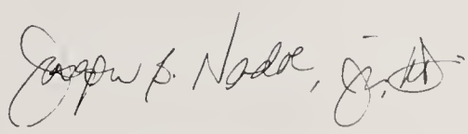
In addition to their busy clinical schedule, Drs. Eavey, Cunningham and Mankarious have generated new information concerning pediatric otolaryngology problems. For example, in conjunction with colleagues at the University of Massachusetts and the Children's Hospital, a project using tissue engineering to develop a methodology to grow human cartilage in the form of an ear received first prize at the research meeting of the American Society for Pediatric Otolaryngology this year.

The years 1997 and 1998 will be pivotal and critically important for the basic research effort in the Department. Professor Nelson Kiang retired as Director of the Eaton-Peabody Laboratory of Auditory Physiology. A Harvard search, in conjunction with collaborators from MIT and MGH, has nearly completed its first round of interviews for this position. Several other searches are also underway, including vestibular physiology and molecular oncology. This latter position will be funded by the Daniel Miller Professorship of Otology and Laryngology at the Harvard Medical School and will be directed towards developing new modalities of treatment for patients afflicted with head and neck neoplasms. A decision has been made to modify a previously ongoing search for a molecular biologist in the area of speech and hearing. The Search Committee has recommended that this search be re-focused to identify an individual at a professorial level, using molecular biologic techniques to specifically evaluate the cellular processes of apoptosis (programmed cell death and regeneration) in the auditory and vestibular systems. This will require significant fund raising to establish a professorship and efforts to this end have begun in conjunction with the Infirmary's 21st Century Fund campaign.

This year the Infirmary was extremely fortunate to be awarded a grant from the W.M. Keck Foundation to establish a Neural Prosthesis Research Center at the Infirmary in conjunction with the Draper Laboratory. The leadership efforts of George Rabstejnek, vice chairman and chairman of the Research Subcommittee of the Board of Directors and Donald Eddington, Ph.D., research director of this effort, are most appreciated.

In 1997, there were 16 research fellows, both graduates of otolaryngologic training programs and postdoctoral fellows sponsored by a variety of training grants.

The Department was honored this year by designation by *U.S. News and World Report* as the best clinical Department of Otolaryngology in the United States. The Department wishes to thank its patients, staff, and Board of Directors for their help and support in making this a very busy and successful year.



Joseph B. Nadol, Jr., M.D.,
Chief of Otolaryngology



1997 Employee Stars



January
Barbara Hines
Information Systems



February
Kathleen Connly
General Counsel



March
Dianna Sands
Eaton-Peabody Laboratory



April
Gail Langone
9th Floor Nursing



May
Josefa Reze M. Bruce
11th Floor Nursing



June
Christie Wood
Patient Accounts



July
Colleen Buckley
General Eye Service



August
G. Bradley Hughes
ENT Billing



September
Joan Lebenbaum
Admitting



October
Norma Desrameaux
MEEA Accounting



November
Bonnie Terrio
Clinical Labs



December
Maggie Chamblain
9th Floor Ambulatory

A collaborative effort between the Infirmary's Otolaryngology and Ophthalmology Departments, a state-of-the-art Facial and Cosmetic Surgery Center will open in the Spring of 1998. This world-class Center will specialize exclusively in facial plastic surgery, and the highly-trained surgeons are all faculty members of Harvard Medical School. (Standing, left to right) John Lazor, M.D., Mark Rounds, M.D., and Mack Cheney, M.D., director of plastic and reconstructive surgery. (Seated, left to right) Peter Rubin, M.D., and Richard Gliklich, M.D.

The Year in Review

Campaign Goal Raised From $35 to $50 Million

Having achieved the original goal of $35 million 10 months ahead of schedule, the Infirmary's Board of Directors approved the expansion of the 21st Century Fund Campaign. The Board endorsed a program to increase the campaign goal from $35 million to $50 million and to extend the timetable through December 1998.

The second phase of the 21st Century Fund Campaign will, among myriad other programs, seek support for:

- The Eaton-Peabody Laboratory, the world's foremost basic research laboratory devoted exclusively to hearing-related diseases.
- The Infirmary's extensive programs focused on understanding the molecular basis of eye disease and the search for their genetic causes.
- Clinical and laboratory research programs for diseases of the retina.
- Unrestricted current use and endowment dollars that support many programs which make the Infirmary extraordinary.

Board Rises to Kaneb Challenge

The Board of Directors, Trustees and members of the 21st Century Fund Campaign Executive Committee have successfully met the campaign support challenge set by Diane E. Kaneb, Campaign Chairperson. Mrs. Kaneb and her husband, Albert, made a $1 million leadership pledge earmarked for unrestricted endowment. Half of the pledge was immediately fulfilled. The second half was contingent upon Board and Campaign Executive Committee members collectively providing additional support of $1.5 million.

The challenge was achieved last summer. More than $2.5 million has now been realized from the Board and campaign leadership towards the campaign objective of $50 million. To date, $38 million has been raised towards the $50 million goal.

Susan M. Hilles Pledges $1 Million to 21st Century Campaign

Long-time friend of the Infirmary, Susan M. Hilles, pledged $1 million for unrestricted endowment to the Infirmary's 21st Century Fund campaign.

In honor of this gift, the Infirmary has dedicated the Susan M. Hilles Emergency Department. The Emergency Department provides New England's only 24-hour, seven-days-per-week eye and ear emergency source. "Charitable support is critical to our ability to continue such an invaluable program," President F. Curtis Smith says.



(Seated) Susan M. Hilles and Infirmary President F. Curtis Smith, with Teresa Kunzwiler, R.N., nurse manager of the Emergency Department.



Outfielder Curtis Pride (left), most recently with the Boston Red Sox, receives a Reynolds Achievement Award from Mistress of Ceremonies Heather Khan.

Reynolds Society Celebrates 11th Year at Four Seasons Hotel

The Infirmary held its eleventh annual Reynolds Society Dinner on October 23 at the Four Seasons Hotel. The event was hosted by Heather Kahn, news anchor at Boston's WCVB-TV Channel 5, and featured a special performance by the well-known songwriter and folksinger Livingston Taylor. The highlight of this exciting evening was the granting of the Reynolds Achievement Awards to two outstanding individuals who, although challenged by the loss of sight and hearing, have gone on to achieve success in their respective careers and to inspire others. This year's recipients were Henry Grunwald, former Editor-In-Chief of Time, Inc. Publications and former U.S. Ambassador to Austria, who suffers from macular degeneration, and outfielder Curtis Pride, the first deaf major league baseball player.



LVC member Lucy Fabian and LVC President Donna Jalbert Patalano at the Holiday Bazaar.

Ladies Visiting Committee Focuses on the Future

Since it was established more than 150 years ago, the Ladies Visiting Committee (LVC) has been an integral part of the Infirmary community. Initially, the LVC was concerned solely with the well-being, both physical and emotional, of the Infirmary's patients. Today, the scope of the LVC activities has expanded dramatically. The LVC supports a number of Infirmary programs, funds and scholarships. The LVC also operates the Infirmary Gift Shop and sponsors several annual fund-raising projects, including the annual Holiday Bazaar and Spring Benefit

Infirmary Launches Website

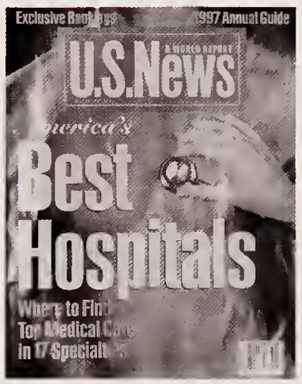
The Infirmary's official website, **http://www.meei.harvard.edu**, premiered to the public last December. The site, which contains more than 120 pages of content, was the collaborative effort of physicians, administrators, staff members and researchers. The website's homepage features photographs of actual patients' stories about their experience at the Infirmary. The site also includes information on Infirmary departments, clinical services, research labs and links to other existing sites at the Infirmary.

Infirmary Committed to Community Benefits Program



In cooperation with other organizations, the Infirmary offered a range of free vision, glaucoma, cataract and hearing screenings to the people in the Boston area as part of its Community Benefits Program. For example, the Infirmary continued its "adoption" of the Neighborhood House Charter School in Dorchester, Mass., and provided ongoing, comprehensive vision and hearing care at no cost to the school's 126 students, who are in grades K-6.

MEEI Ranked High Among Top U.S. Hospitals in *U.S. News & World Report*



The Infirmary was among the nation's best hospitals in its specialties in the 1997 *U.S. News & World Report's* "Best Hospitals" survey. The Infirmary placed first in otolaryngology and fourth in ophthalmology. To recognize this honor, a large banner reading "Best in the U.S.: Rated by U.S. News & World Report" was displayed outside of the building.

Keck Foundation Presents $4.5 Million Grant

This past year, The W.M. Keck Foundation of Los Angeles, Calif., awarded a $4.5 million grant to the Massachusetts Institute of Technology for a joint program with the Infirmary and the Draper Laboratories to establish a center aimed at restoring function to deaf, blind, mute and balanced-impaired people. The mission of the W.M. Keck Foundation Neural Prosthesis Research Center (NPRC) is to integrate and focus the unique skills represented by the three institutions on the development of neural prostheses, devices that connect with an individual's nervous system to restore lost neural function. The goal of these prostheses is to enable the blind to see, the deaf to hear, the mute to speak and the balance-impaired to walk more safely. The NPRC will focus on four major projects: Cochlear Implant Program; Retinal Implant Program; Vestibular Prosthesis Project and Artificial Larynx Project.



Donald Eddington, Ph.D. and George Rabstejnek, vice chairman of the Board, were instrumental in obtaining the Keck $4.5 million grant.

1997 Statistical Report

Massachusetts Eye and Ear Infirmary

Fiscal Year 1997

Inpatient Hospital 49 Beds	Discharges:	
	Eye Discharges	349
	ENT Discharges	1,482
	Total	**1,831**
	Patient Days	6,672
	Average Length of Stay	3.64
Surgical Procedures	Inpatient Surgery:	
	Eye Cases	389
	ENT Cases	979
	Total	1,368
	Ambulatory Surgery:	
	Eye Cases	11,750
	ENT Cases	5,617
	Total	17,367
	Total Surgical Procedures	**18,735**
	Ambulatory Surgery Cases Utilizing Observation Service	6,731
Outpatient Department	Ophthalmology	
	General Eye	16,892
	Glaucoma	7,604
	Cornea	6,549
	Retina (including Immunology)	15,573
	Neuro-Ophthalmology	4,895
	Ocular Motiliry	1,051
	Eye Plastic	3,618
	Eye Pediatric	1,198
	Electroretinography	2,670
	Vision Rehabilitation	1,797
	Contact Lens	2,445
	Methuen Center	3,237
	Somerville Center	2,469
	Stoneham Center	971
	Brighams and Women's Center	9,027
	Total	79,996
	Otolaryngology	
	Infirmary	39,231
	Stoneham Center	14,272
	Wellesley Center	5,985
	Quincy Center	5,655
	Total	65,143
	Total Outpatient Visits	**145,139**
Emergency Room	**Total Visits**	**22,540**
Special Services	Audiology Department	
	Outpatient Visits	10,963
	Hearing Aid Center	2,004
	Evoked Response	1,414
	Radiology Department	
	Conventional Exams	4,666
	CT Scan	4,434
	MRI	3,570
	Laboratories	
	Bacteriology (Cultures)	10,577
	Clinical Lab (Procedures)	122,381
	ENT Pathology (Specimens)	10,013
	Eye Pathology (Specimens)	3,789
	Frozen Section Laboratory	1,803
	Fluorescein Angiography	8,602
	Occupational Therapy	1,303
	Optical Shop	5,892
	Pain Clinic	96
	Ultrasonography	3,332
	Vestibular Laboratory	2,310
	Voice and Speech Laboratory	6,700
	Hyperbaric Oxygen Treatments	1,129

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Balance Sheet

as of September 30, 1997

ASSETS

Current Asset	
Cash and Cash Equivalent	$4,756,436
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)	$1,243,492
Patient Accounts Receivable	
Less Allowance for Doubtful Accounts ($5,104,643)	$15,890,706
Other Current Assets	$3,132,946
Total Current Assets	$25,023,580
Assets Whose Use is Limited	
Funded Depreciation	$3,388,734
Special Cash Reserves	$1,301,551
Under Indenture Agreement	$5,256,761
Total Assets Whose Use is Limited	$9,947,046
Investments	$78,185,549
Pledges Receivable	$2,126,751
Remainder Interest in Charitable Trusts	$2,649,463
Beneficial Interest in Trust	$9,718,734
Property, Plant & Equipment (Net of Depreciation of $84,299,388)	$70,175,747
Other Assets	
Prepaid Pension Costs	$66,420
Intangible Assets (Net of Amortization of $591,617)	$734,704
Deposits	$418,100
Total Assets	$199,046,094

LIABILITIES AND NET ASSETS

Current Liabilities	
Current Portion of Long-term Debt and Capital Leases	$2,644,568
Accounts Payable and Accrued Expenses	$10,613,643
Accrued Interest	$737,411
Estimated Settlements with Third Party Payors	$5,138,512
Total Current Liabilities	$19,134,134
Long-term Debt, Less Current Portion	$44,422,904
Capital Lease Obligations	$153,612
Accumulated Post Retirement Benefit Obligation	$613,648
Professional Liability Reserve	$1,559,977
Total Liabilities	$65,884,275
Net Assets	
Unrestricted for General Operations	$42,420,359
Board Designated	$20,668,751
Total Unrestricted Net Assets	$63,089,110
Temporarily Restricted	$32,329,053
Permanently Restricted	$37,743,656
Total Net Assets	$133,161,819
Total Liabilities and Net Assets	$199,046,094

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Statement of Revenue and Expenses of the General Funds

as of September 30, 1997

Net Patient Revenue	
Net Patient Service Revenue	$79,470,560
Other Operating Revenue	
(Including $12,173,922 from Research, Contributions and Grants)	$21,237,596
Total Operating Revene	$100,708,156
Operating Expenses	
Patient Care and Clinical	$74,263,205
General and Administrative	$15,015,461
Research	$9,983,996
Education	$1,649,038
Total Operating Expenses	$100,911,700
Deficit of Revenues Over Expenses Before Prior Years' Reserves	($203,544)
Reduction of Prior Years' Reserves	$2,670,513
Income From Operations	$2,466,969
Other Gains	$2,858,549
Excess of Revenues Over Expenses	$5,325,518
Other Support	$3,372,986
Increase in Unrestricted Net Assets	$8,698,504

In addition, the Foundation received the following restricted funds income:

Gifts and Bequests	$5,769,018
Investment Income	
Interest and Dividends	$255,004
Realized Gains and Losses	$5,761,656
Unrealized Gains and Losses	$3,866,415
Gain on Beneficial Interest in Trust	$2,156,396

A copy of the audited financial statements is available upon request from the Office of Public Affairs, (617) 573-3340.

Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Malcolm J. Heslop, M.D.
Jin Woo Kim, M.D.

Associate Anesthesiologists
Martin A. Acquadro, M.D., D.M.D., F.A.C.P., F.A.C.P.M.
Tuan Xuan Nghiem, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Anne P. Bergwall, M.D.
Barbara A. Castro, M.D.
Gail D. Grunberg, M.D.
Lalita R. Jha, M.D.
Ilya Malikin, M.D.
T. Gordon McNabb, M.D.
Ronald J. Minter, M.D.
Gabrielle F. Troll, M.D.

Active Staff (Part-time)

Assistant in Anesthesiology
Rebecca J. Leong, M.D.

Active Staff (Full-time)

Assistants in Anesthesiology
Agata A. Boland, M.D.
Nancy L. Gessner, M.D.
Michael Owczarek, M.D.

Consulting Staff

Maureen Hayes, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
Jonathan S. Bogan, M.D.
Carol Ehrlich, M.D.
Joel S. Finkelstein, M.D.
Christine M. Hay, M.D.
Laurence Katznelson, M.D.
Barrett Kitch, M.D.
William A. Kormos, M.D.
Kathryn Martin, M.D.
Allan E. Pineda, M.D.
Ann E. Taylor, M.D.
Ravi Thadhani, M.D.
Ramnik J. Xavier, M.D.

Infectious Disease Service
Marlene L. Durand, M.D.

Department of Ophthalmology

Active Staff

Chief of Ophthalmology
Frederick A. Jakobiec, M.D.

Associate Chiefs of Ophthalmology
Dimitri T. Azar, M.D.
Donald J. D'Amico, M.D.
Kathryn Colby, M.D., Ph.D.
John I. Loewenstein, M.D.
Magdalena Krzystolik, M.D.

Surgeons in Ophthalmology
Ann M. Bajart, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Jack F. Bowers, M.D.
Robert J. Brockhurst, M.D.
Donald J. D'Amico, M.D.
Richard L. Dallow, M.D.
Claes H. Dohlman, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, M.D.
H. MacKenzie Freeman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
Arthur S. Grove, M.D.
Tatsuo Hirose, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D., Ph.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
Deborah P. Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
John I. Loewenstein, M.D.
Peter L. Lou, M.D.
J. Wallace McMeel, M.D.
Edward B. Murphy, Jr., M.D.
Ronald C. Pruett, M.D.
Charles D.J. Regan, M.D.
Perry Rosenthal, M.D.
Alfred W. Scott, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
John W. Shore, M.D.
Richard J. Simmons, M.D.
Felipe I. Tolentino, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.

Associate Surgeons
Dimitri T. Azar, M.D.
Gary E. Borodic, M.D.
Chester J. Boulris, M.D.
Sheldon M. Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Evan Dreyer, M.D.
(resigned 6/15/97)
Anthony J. Fraioli, M.D.
Alexander R. Gaudio, M.D.
Philip J. Harris, M.D.
David S. Hutchison, M.D.
James R. Lee, M.D.
Howard Martin, M.D.
Joan W. Miller, M.D.
Shizuo Mukai, M.D.
Robert A. Petersen, M.D.
Peter A. D. Rubin, M.D.
Delia N. Sang, M.D.
Bradford J. Shingleton, M.D.
Roger F. Steinert, M.D.
Trexler M. Topping, M.D.
John J. Weiter, M.D.
John J. Woog, M.D.
Lucy H. Young, M.D., Ph.D.

Assistant Surgeons
Mark Abelson, M.D.
Anthony P. Adamis, M.D.
Maida P. Antigua, M.D.
Paul G. Arrigg, M.D.
Jorge Arroyo, M.D.
Nathalie F. Azar, M.D.
Michael A. Chang, M.D.
Romeo K. Chang, M.D.
M. Reza Dana, M.D., MPH
Maryanna Destro, M.D.
Richard H. Feit, M.D.
Jeffrey P. Gilbard, M.D.
Andrew J. Gillies, M.D.
Edward F. Goodman, M.D.
Jeffrey P. Green, M.D.
Paul L. Gunderson, M.D.
Bonnie An Henderson, M.D.
Mark S. Hughes, M.D.
Alex E. Jalkh, M.D.
Kevin J. Kaufman, M.D.
Mark A. Latina, M.D.
Robert A. Lytle, M.D.
Craig A. McKeown, M.D.
Mariana D. Mead, M.D.
Steven M. Patalano, M.D.
Vincent J. Patalano, M.D.
David G. Perkins, M.D.
Richard P. Pesavento, M.D.
Michael K. Pinnolis, M.D.
Donald W. Putnoi, M.D.
Heidi Remulla, M.D.
Thomas M. Richardson, M.D.
Claudia U. Richter, M.D.
Joseph F. Rizzo, III, M.D.
James W. Rosenberg, M.D.
Edward A. Ryan, M.D.
Francis C. Sutula, M.D.
Jonathan H. Talamo, M.D.
Daniel J. Townsend, M.D.
David M. Tracy, M.D.
Susan Wong, M.D.
Gloria Wu, M.D.

Assistants in Ophthalmology
John B. Constantine, M.D.
Mark Dacey, M.D.
Eric G. Endo, M.D.
Macie Finkelstein, M.D.
David S. Gendelman, M.D.
Evan B. Gold, M.D.
Mary Elizabeth Hartnett, M.D.
Barry H. Jacobs, M.D.
Glenn P. Kimball, M.D.
Ernest W. Kornmehl, M.D.
Mark C. Kuperwaser, M.D.
Joseph J. Levy, M.D.
David G. Lotufo, M.D.
Richard Low, M.D.
Mary Jane McCarron, M.D.
Michael G. Morley, M.D.
Louis R. Pasquale, M.D.
Dale C. Oates, M.D., Ph.D.
P. David Reese, M.D.
Martin D. Richler, M.D.
Thomas Smith, M.D.
Neal G. Snebold, M.D.
Paul J. Wasson, M.D.
Lawrence E. Weene, M.D.
Richard S. Weinhaus, M.D.
Janey Lee Wiggs, M.D., Ph.D.

on leave of absence
* deceased

Associate Staff

Surgeons
Ephraim Freedman, M.D.
Stephen J. Fricker, M.D.
John R. Gehring, M.D.

Associate Surgeons
Frank G. Berson, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
Clement Trempe, M.D.

Assistant Surgeons
Claudia Arrigg, M.D.
C. Davis Belcher, M.D.
David Z. Greenseid, M.D.
Ernst J. Meyer, M.D.
Roberto Pineda, M.D.
Carmen A. Puliafito, M.D.
Leon L. Remis, M.D.
Theodore Renna, M.D.
Ruthanne B. Simmons, M.D.

Assistants in Ophthalmology
Frederick C. Armbruster, M.D.
Jean-Bernard Charles, M.D.
Robert J. D'Amato, M.D.
Elizabeth Daher, M.D.
Miriam Dougherty, M.D.
Deborah S. Eappen, M.D.
C. Douglas Evans, M.D.
Kweku Ghartey, M.D.
Bruce J. Gillers, M.D.
Cynthia L. Grosskreutz, M.D., Ph.D.
Robert Haimovici, M.D.
Deborah S. Jacobs, M.D.
Nabil I. Jarudi, M.D.
Vicki Kvedar, M.D.
Robert T. Lacy, M.D.
Kameran Lashkari, M.D.
Judy T. Lin, M.D.
O'Ine McCabe, M.D.
Edward F. McCarthy, M.D.
Timothy J. Murtha, M.D.
Steven A. Nielsen, M.D.
Lawrence I. Rand, M.D.
Peter A. Rapoza, M.D.
Elias Reichel, M.D.
Deborah K. Schlossman, M.D.
Bernard Schwartz, M.D., Ph.D.
Jeffrey L. Taveras, M.D.
Lois M. Townshend, M.D.
Stewart J. Turner, M.D.
Eliane Uninsky, M.D.
Kuldip K. Vaid, M.D.
Deborah E. Zuckerman, M.D.

Assistant Staff

Assistants In Ophthalmology
Daniel Buerger, M.D.
Iffikhar Chaudhry, M.D.
Eileen Conti, M.D.
Vinay Desai, M.D.
Lisa Gamell, M.D.
Karen Laird, M.D.
William Tang, M.D.
Antonio Vinals, M.D.

Consulting Staff

Associate Surgeons
Lloyd M. Aiello, M.D.
Don C. Bienfang, M.D.
Leo T. Chylack, M.D.
Eeva-Liisa Martola, M.D.
Richard M. Robb, M.D.
Jill Smith, M.D.

Assistant Surgeon
David Miller, M.D.

Courtesy Staff

Assistant Surgeons
Eric Johnson, M.D.
Jay Kaufman, M.D.
Brent Lambert, M.D.
Mary Gilbert Lawrence, M.D.
Peter B. Mooney, M.D.

Assistants in Ophthalmology
Jules L. Baum, M.D.
Michael Bradbury, M.D.
Joseph F. Burke, M.D.
Richard A. Dornfield, M.D.
Jay Duker, M.D.
David E. Eisenberg, M.D.
Bishara Faris, M.D.
George T. Frangieh, M.D.
Firmon E. Hardenbergh, M.D.
Mandi Z. Kunen, M.D.
Shelley G. McKee, M.D.
Mehul. C. Mehta, M.D.
Clifford M. Michaelson, M.D.
Michael J. Price, M.D.
Michael B. Raizman, M.D.
Stephen H. Rostler, M.D.
Joel Schuman, M.D.
Sabera T. Shah, M.D.
Omah S. Singh, M.D.
Lois E. Smith, M.D., Ph.D.
Sarkis H. Soukiasian, M.D.
Ernest A. Sutcliffe, M.D.
John V. Thomas, M.D.
George A. Violin, M.D.
Stephen A. Youngwirth, M.D.
Mandi Zaltas, M.D.

Associate Surgeons
John Carroll, M.D.
Brent Lambert, M.D.

Emeritus Staff

Surgeons
S. Arthur Boruchoff, M.D.
Harry E. Braconier, M.D.
Thomas P. Cronin, M.D.
W. Morton Grant, M.D.
Warren D. Haley, M.D.
Carl Cordes Johnson, M.D.
Sumner D. Liebman, M.D.
George M. Olive, M.D.
Charles L. Schepens, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.
Silvio R. Von Pirquet, M.D.
Francis J. West, M.D.

Associate Surgeons
Frederic B. Breed, M.D.
Carl G. Freese, Jr., M.D.
John M. Hill, M.D.
Donald R. Weis, M.D.

Assistant Surgeons
Robert S. L. Kinder, M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.

Honorary Staff

Senior Honorary Surgeon
Irving L. Pavlo, M.D.

Associate Surgeon
Paul F. Vinger, M.D.

Assistant in Ophthalmology
Robert B. Cook, M.D.

Clinical Fellows

Esen Akpek, M.D.
Anthony Andrews, M.D.
Jean Arbour, M.D.
Tad D. Baum, M.D.
Robert B. Bhisitkul, M.D.
Theresa Chen, M.D.
Kathryn Colby, M.D., Ph.D.
Aaron Fay, M.D.
Mark Fleckner, M.D.
Bradley S. Foster, M.D.
Raud Ganana, M.D.
Michael Hochman, M.D.
Roger Hoffman, M.D.
Thomas Lee, M.D.
Amyna Merchant, M.D.
David Miller, M.D.
Quan Nguyen, M.D.
James D. Palmer, M.D.
Howard Pomeranz, M.D.
Robert Selkin, M.D.
Jonathan Sheindlin, M.D.
Santiago Sibayan, M.D.Farzad Yaghouti, M.D.
Sonia Yoo, M.D.
Timothy You, M.D.
Walter Wang, M.D.

International Clinical Fellows

Edgar Leuenberger, M.D.
Wasee Polcharoen, M.D.

Research Associates

Meredithe L. Applebury, Ph.D.
Vadim Y. Arshavsky, Ph.D.
Clint L. Makino, Ph.D.
Jarema Malicki, Ph.D.
Dorothy J. Roof, Ph.D.
Michael A. Sandberg, Ph.D.
King To, M.D.
Xun Zhang, Ph.D.

on leave of absence

Research Fellows

Marcio M. Abreu, M.D.
Esen K. Akpek, M.D.
Lama Al-Aswad, M.D.
Shiro Amano, M.D.
Sami Bati, M.D.
Arpad Bereczki, M.D.
Peter D. Calvert, M.D.
Roxanne Chan, M.D.
Leo L. Cheng, M.D.
Andrea P. DaMata, M.D.
Jie Gao, Ph.D.
Stephanie A. Hagstrom, Ph.D.
Li Kuan Hu, M.D.
George A. Hyatt, Ph.D.
Jing Jin, M.D., Ph.D.
Jeffrey P. Johnston, Ph.D.
Ekaterini C. Karatza, M.D.
Thomas C. Lee, M.D.
Tiansen Li, Ph.D.
Charalabos Livir-Pallatos, M.D.
Ming Lu, Ph.D.
Carlos Medina, M.D.
Kazuaki Miyamoto, M.D.
Hiroyuki Morimura, M.D.
Yasufumi Moromizato, M.D.
Elina Nekrasova, Ph.D.
Eugene Wei-Min Ng, M.D.
Priscille Olle-Delahaye, M.D.
Amy H. Parminder, M.D.
Benalenander Pedro, M.D.
Vakur Pinar, M.D.
Reem Reeno, M.D.
Maria Blanca Rojas, M.D.
Richard Rustandi, Ph.D.
Elizabeth J. Samelson, M.D.
Jeri-Lynn Schremser, M.D.
Mohamed Shahin, M.D.
Sopit Samapunphong, M.D.
Hisao Terada, M.D.
Nattaport Tesavibul, M.D.
Panagiotis G. Theodosiadis, M.D.
Shuji Yamamoto, M.D., Ph.D.
Panayotis Zafirakis, M.D.

Residents

Nasrin A. Afshari, M.D.
Scott E. Burk, M.D.
Mary Pei-Ann Coday, M.D.
Elizabeth R. Davis, M.D.
Ronald Farkas, M.D.
Jeffrey T. Finer, M.D.
Kenneth B. Graham, M.D.
Calvin Grant, M.D.
Stephanie L. Harper, M.D.
Eddie W. Harris, M.D.
Dennis Y. Kim, M.D.
Rosa Y. Kim, M.D.
Stella Kim, M.D
Magdalena Krzystolik,M.D..
Eugene S. Lit, M.D.
Victor Perez, M.D.
Subharansu Ray, M.D.
Melanie Ryan-Graham, M.D.
Yichieh Shiuey, M.D.
Kimberly Sippel, M.D.
Michael J. Tolentino, M.D.
Lynette M. Watkins, M.D.
David Zacks, M.D.

Services

Cataract Consultation and General Eye Service
Edward P. Murphy, Jr., M.D., Co-Director
William J. Power, M.D., Co-Director

Cornea Consultation Service
Dimitri T. Azar, M.D., Director

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Donald J. D'Amico, M.D., Director

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Johanna M. Seddon, M.D., Director

Eye Virology
Deborah Pavan Langston, M.D., Director

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Louis Pasquale, M.D. Co-Acting Director
Cynthia Grosskreutz, M.D. Co-Acting Director

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Jack F. Bowers, M.D., Director

Morse Laser Center
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Anthony P. Adamis, M.D., Director

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Evangelos S. Gragoudas, M.D., Director

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Steven M. Patalano, M.D.
Vincent J. Patalano, M.D. Co-Directors

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Magdalena Krzystolik, M.D. Director

Vision Rehabilitation Service
Joel A. Kraut, M.D., Director

Research Staff

Berman-Gund Laboratory for the Study of Retinal Degeneration
Eliot L. Berson, M.D., Director
Peggy Rodriguez, Manager of Administration
Tiansen Li, Ph.D.
Michael A. Sandberg, Ph.D.

Howe Laboratory of Ophthalmology
Meredithe L. Applebury, Ph.D., Director
Vadim Y. Arshavsky, Ph.D.
Hong-Ming Cheng, Ph.D., O.D.
Clint L. Makino, Ph.D.
Jarema Malicki, Ph.D.
Dorothy Roof, Ph.D.
Jing Xiong, M.D.

Epidemiology Unit
Johanna M. Seddon, M.D., Director
Elizabeth Samelson, Ph.D.

Ocular Molecular Genetics Institute
Thaddeus P. Dryja, M.D., Director

Department of Otolaryngology

Active Staff

Chief of Otolaryngology
Joseph B. Nadol, Jr., M.D.

Surgeons
Barry J. Benjamin, M.D.
Michael J. Cunningham, M.D.
Roland D. Eavey, M.D.
Howard M. Ecker, M.D.
A. Greer Edwards, M.D.
Richard L. Fabian, M.D.
Robert H. Freedman, M.D.
Edward J. Glinski, M.D.
C. Edward Jackson, M.D.
Edward E. Jacobs, M.D.
Parviz Janfaza, M.D.
Donald G. Keamy, M.D.
Thomas R. Klein, M.D.
Robert H. Lofgren, M.D.
Ralph B. Metson, M.D.
William W. Montgomery, M.D.
Joseph A. Moretti, M.D.

on leave of absence

Active Staff (Continued)

Thomas J. Mulvaney, M.D.
Joseph B. Nadol, Jr., M.D.
David E. Nash, M.D.
Steven D. Rauch, M.D.
Edward J. Reardon, M.D.
Salah D. Salman, M.D.

Associate Surgeons
Peter S. Ambrus, M.D.
Jose D. Angeles, M.D.
Victor Calcaterra, M.D.
Mack L. Cheney, M.D.
Pamela F. Diamond, M.D.
Peter N. Friedensohn, M.D.
Richard Hillel, M.D.
Robert M. Kiskaddon, M.D.
Paul Konowitz, M.D.
Michael J. McKenna, M.D.
Lawrence Mambrino, M.D.
Saumil N. Merchant, M.D.
H. Gregory Ota, M.D.
Dennis S. Poe, M.D.
Michael A. Williams, M.D.
Steven M. Zeitels, M.D.

Associate Neurologist
Stephen W. Parker, M.D.

Assistant Surgeons
Samir Bhatt, M.D.
David M. Bowling, M.D.
Jeffrey S. Brown, M.D.
Richard E. Gliklich, M.D.
James W. Lucarini, M.D.
Gregory W. Randolph, M.D.
Eric H. Stein, M.D.
Mark A. Varvares, M.D.

Consultant in Allergy and Immunology
Martin G. Ostro, M.D.

Consultant in Otoneurology
John G. Oas, M.D.

Pathologist
Ben Zion Pilch, M.D.

Assistants in Otolaryngology
Nicolas Y. BuSaba, M.D.
John B. Lazor, M.D.
Leila A. Mankarious, M.D.
Roger C. Nuss, M.D.
Robert A. Stern, M.D.

Assistant in Otolaryngology
(Neurology)
Robert A. Levine, M.D.

Associate Staff

Associate Surgeons
Marvin P. Fried, M.D.
Bruce R. Gordon, M.D.
Ivo P. Janecka, M.D.
Ely A. Kirschner, M.D.
Trevor J. McGill, M.D.
Charles M. Norris, M.D.
J. Nicholas Vandemoer, M.D.

Assistant Surgeons
Stuart H. Bentkover, M.D.
Bjorn Bie, M.D.
Thomas A. Chasse, M.D.
Robert A. Frankenthaler, M.D.
James Hughes, M.D.
Ralph A. Iannuzzi, M.D.
George Kazda, M.D.
Arthur M. Lauretano, M.D.
Richard A. Moss, M.D.
Jo Shapiro, M.D.
Stephen Smith, M.D.
David M. Vernick, M.D.

Assistants in Otolaryngology
Harsha V. Gopal, M.D.
Cliff A. Mergerian, M.D.
Mark Poulin, M.D.
Renee Rossi, M.D.

Consultant in Dermatologic Surgery
Jessica Fewkes, M.D.

Consultant in Neurosurgery
Robert Ojemann, M.D.

Consultants in Hyperbaric Medicine
Jeffrey A. Blair, M.D.
David Brown, M.D.
Alasdair K. Conn, M.D.
Erik Shank, M.D.
Robert L. Sheridan, M.D.
Dana Stearns, M.D.
Stephen H. Thomas, M.D.

Consultant in Oral/Maxillofacial Surgery
Leonard B. Kaban, M.D.

Consulting Staff

Consultant in Allergy and Immunology
Richard A. Moscicki, M.D.

Consultant in Dermatology
Oon T. Tan, M.D.

Consultant in Maxillofacial Prosthetics
Matthew J. Jackson, M.D.

Consultant in Radiation Oncology
Paul G. McKeough, M.D.

Courtesy Staff

Associate Surgeons
Robert P. Cipro, M.D.
Joseph F. DiTroia, M.D.
Clarence E. Kylander, M.D.
Peter Van Orman, M.D.

Associate Surgeons
Fred G. Arrigg, M.D.
Edward Donovan, M.D.
Terry Garfinkle, M.D.
Usama S. Hamdan, M.D.
James B. Howell, M.D.
Charles Leidner, M.D.
Joseph H. Oyer, M.D.
Jonathon S. Sillman, M.D.
Leslie M. Silverstein, M.D.
Harry Dennis Snyder, M.D.

Assistants in Otolaryngology
James L. Demetroulakos, M.D.
Maynard C. Hansen, M.D.
Cheong H. Kim, M.D.

Consultant in Oral/Maxillofacial Surgery
Meredith August, M.D.

Honorary Staff

Associate Surgeon
William G. Lavelle, M.D.

Associate Surgeon
(Neurology)
Alfred D. Weiss, M.D.

Surgeons
Edgar M. Holmes, M.D.*
Roy A. Johnson, M.D.
Robert E. Klotz, M.D.
John M. Kurkjian, M.D.

Emeritus Staff

Senior Consulting Surgeon
J. Charles Drooker, M.D.

Surgeons
Yale J. Berry, M.D.
William L. Hayden, M.D.
Alfred L. Hurst, M.D.
Charles Kent, M.D.
David L. Pierce, M.D.
John C. Trakas, M.D.

Research Fellows

Colette S. Boex-Spano, Ph.D.
Frank Fechner, M.D.
Theresa A. Hadlock, M.D.
Masashi Hamada, M.D.
S. Armagan Incesulu, M.D.
Jose Lubianca, M.D.
Ahmad Mohamed Morsi, M.D.
Tsung-Po Wu, M.D.
Alexandre Radu, M.D.
Angela M. Rodriguez, M.D.
Jan Ole Schubert, M.D.
Tarek Youssef, M.D.
Naohiro Yoshida, M.D.
Luis Velazquez-Villasenor, M.D.
Matthew White, M.D.

Clinical Fellows

Robert W. Jyung, M.D.
Mark F. Rounds, M.D.

Residents

John F. Ansley, M.D.
Albert Assad, M.D.
Neil Bhattacharyya, M.D.
Jean M. Bruch, M.D.
David S. Caradonna, M.D.
Harold Chow, M.D.
Daryl G. Colden, M.D.
Wade W. Han, M.D.

on leave of absence
* deceased

Residents (Continued)

Craig A. Jones, M.D.
Sandeep Kathju, M.D.
David A. Kieff, M.D.
Jennifer C. Kim, M.D.
Ju Y. Kim, M.D.
Amy Lai, M.D.
John G. Meara, M.D.
Evan R. Reiter, M.D.
Noah S. Siegel, M.D.
Darshan K. Vyas, M.D.
Richard J. Wong, M.D.

Services

Audiological Services
Aaron Thornton, Ph.D.,
Director

Auditory Evoked Response
Joseph B. Nadol, Jr., M.D.,
Medical Director

Endoscopy Service
William W. Montgomery, M.D.,
Director

ENT Emergency Service
Mack L. Cheney, M.D.,
Director

Facial Plastics and Reconstructive Surgery Service
Mack L. Cheney, M.D.,
Director

Facial Nerve Center
Michael J. McKenna, M.D.,
Director

General ENT Outpatient Service
Gregory W. Randolph, M.D.,
Director

Head and Neck Surgical Oncology Service
Richard L. Fabian, M.D.,
Director

Hyperbaric Oxygen Unit
Richard L. Fabian, M.D.,
Director

Intermediate Care Unit
Richard L. Fabian, M.D.,
Director

Jenks Vestibular Diagnostic Laboratory
Conrad Wall, III, Ph.D.,
Director
John Oas, M.D.,
Medical Director

Medical Student Education
Steven D. Rauch, M.D.,
Coordinator

Otolaryngologic Pathology Service
Ben Z. Pilch, M.D.,
Director

Otology Service
Joseph B. Nadol, Jr., M.D.,
Director

Pediatric Otolaryngology Service
Roland D. Eavey, M.D.,
Director

Residency Training
Joseph B. Nadol, Jr., M.D.,
Director

Sinus Center
Salah D. Salman, M.D.
Director

Voice and Speech Laboratory
Robert Hillman, Ph.D.,
Director
William W. Montgomery, M.D.,
Medical Director
Steven M. Zeitels, M.D.,
Associate Medical Director

Walk-In Service
Gregory W. Randolph, M.D.,
Director

Research Staff

Amelia Peabody Otoimmunochemistry Laboratory
Joe C. Adams, Ph.D.,
Director

Audiology
Aaron R. Thornton, Ph.D.,
Director
Chris Halpin, Ph.D.
Barbara S. Hermann, Ph.D.

Auditory Prosthesis Laboratory
Robert D. Hall, Ph.D.,
Director

Clinical Outcomes Research Unit
Richard E. Gliklich, M.D.,
Director

Cochlear Implant Research Laboratory
Donald K. Eddington, Ph.D.,
Director
Darlene Ketten, Ph.D.
Joseph Tierney, S.M.

Eaton-Peabody Laboratory of Auditory Physiology
M. Charles Liberman, Ph.D.,
Acting Director
M. Christian Brown, Ph.D.
Peter Cariani, Ph.D.
Steven Colburn, Ph.D.
Bertrand Delgutte, Ph.D.
Andrew B. Dobrzeniecki, Ph.D.
Dennis M. Freeman, Ph.D.
Lawrence S. Frishkopf, Ph.D.
Barbara C. Fullerton, Ph.D.
John J. Guinan, Ph.D.
Tai Lin, Ph.D.
Ruth Y. Litovsky, Ph.D.
Jennifer R. Melcher, Ph.D.
William T. Peake, Ph.D.
Sunil Puria, Ph.D.
William M. Rabinowitz, Ph.D.
John J. Rosowski, Ph.D.
Christopher Shera, Ph.D.
Thomas F. Weiss, Ph.D.
F. Ishmael Stefanov-Wagner,
Research Support Engineer
David A. Steffens,
Research Support Engineer

Neurochemistry Unit
Edmund R. Mroz, Jr., Ph.D.
William F. Sewell, Ph.D.

Electron Microscopy Laboratory
Charles M. Liberman, Ph.D.
Director

Evoked Response Audiometry Laboratory
Aaron R. Thornton, Ph.D.,
Director

Jenks Vestibular Diagnostic Laboratory
Conrad Wall, III, Ph.D.,
Director

Mosher Laryngology Research Laboratory
James B. Kobler, Ph.D.,
Director

Otopathology Laboratory
Saumil N. Merchant, M.D.
Director

Temporal Bone Registry
Saumil Merchant, M.D.,
Director

Voice and Speech Laboratory
Robert Hillman, Ph.D.,
Director

Department of Radiology

Active Staff

Chairman of Radiology
James H. Thrall, M.D.

Chief of Radiology
Hugh D. Curtin, M.D.

Radiologists
Hugh D. Curtin, M.D.
Kiyokazu (Jack) Momose, M.D.

Assistants in Radiology
Kenneth R. Davis, M.D.
Michael H. Lev, M.D.
James D. Rabinov, M.D.
Pamela W Schaefer, M.D.

Associate Staff

Associate Radiologist
R. Gilberto Gonzalez, M.D.

Emeritus Staff

Consultant in Radiotherapy
Milford Schulz, M.D.

Consulting Staff

Clinical Associate in Radiology
Jeanne D. Keller, M.D.

Consultants in Radiotherapy
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

on leave of absence
* deceased

Administration

President
F. Curtis Smith

General Counsel
Barbara F. Katz

Vice President for Business Development
Lisa Putukian

Vice President for Patient Services
Carol Covell, R.N., M.S.

Administrative Director for Ophthalmology
Javier Balloffet

Vice President for Finance
Peter J. Chinetti

Administrative Officer for Otolaryngology
Jean MacQuiddy

Director of Human Resources
Jeanne Benoit

Vice President for Development and Public Affairs
Mark Kostegan, FAHP
(resigned 12/97)
Bruce Jordan
(effective 2/98)

Trustees

(As of Dec. 4, 1997)

1948 August R. Meyer, *Emeritus*
1951 Melville Chapin, *Emeritus*
1965 Mrs. John Lowell, *Honorary*
1967 John M. Lord, *Emeritus*
1967 William F. Spang, *Emeritus*
1967 Monte J. Wallace
1971 Robert C. Jordan, *Honorary*
1971 Mrs. Robert C. Meisel
1971 Robert D. Williams
1972 Matthew J. Burns
1972 Leo H. Daley
1972 Mrs. William P. Ellison
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1973 Robert T.P. Storer, Jr.
1973 Frederick G.P. Thorne
1974 Bruce A. Beal
1976 Walter A. Rosenblith, Ing. Rad, *Emeritus*
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1979 William H. Claflin, IV
1979 Mrs. Ernest J. Sargeant
1979 Ann Sargent
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1980 Eli Shapiro, Ph.D.
1980 Endicott Smith
1981 Joseph Auerbach
1981 Maynard Goldman
1981 John C. Kane, Jr.
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1983 John F. Palmer
1983 Manuel Rosenberg
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1983 Charles T. Wood
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1984 George J. Rabstejnek
1985 Karen K. Chandor
1985 John Dowling, Ph.D.
1985 Mrs. Bruce Silver
1986 George Berkowitz
1986 Alexander A. Bernhard, *Emeritus*
1986 James S. Cook, *Emeritus*
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1986 Diane E. Kaneb
1986 Peter S. Lynch
1986 Malcolm L. Sherman
1987 Susan Morse Hilles
1987 Winthrop G. Minot
1988 Harold Alfond
1988 Richard W. Blackburn
1988 William H. Darling, C.P.A.
1988 Raymond E. Desautels
1988 John O'Sullivan Francis
1988 George J. Guilbault
1988 Charles F. Kiefer, III
1988 Timothy J. Lord
1988 Raymond F. Murphy, Jr.
1988 Neil St. John Raymond
1988 William E. Roman
1988 Kenneth R. Rossano
1989 Alan J. Dalby
1989 Michael P. Last
1989 William G. Lavelle, M.D.
1989 J. Louis Newell, Jr.
1991 Professor Elliott L. Atamian
1991 W. Gerald Austen, M.D.
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1997 Massachusetts Eye and Ear Infirmary Annual Report
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F. Curtis Smith, President

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Planned Giving

From its beginning 174 years ago, and in every challenge since, the Infirmary's source of strength and promise has been found in enlightened philanthropists who have helped us sustain our mission. As the 21st Century Fund campaign continues, we hope to build upon this legacy of support and to encourage our benefactors to participate in the stewardship of the Massachusetts Eye and Ear Infirmary. The Life Income Programs of the Massachusetts Eye and Ear Infirmary offer very attractive ways to support research, teaching and patient care programs. The following summary of giving vehicles is designed to provide you with a basic understanding of the benefits of each life income plan. It is intended to point you in the right direction. We encourage you to further explore the options in order to develop a charitable giving strategy which is most advantageous to you.

Method	Form of Gift	Income for Donor	Federal Tax Implication
Gift Annuity	Cash. Appreciated property. Minimum initial contribution: $5,000. Additional gifts: $2,500.	Annual lifetime income payment to you or a designated beneficiary. Single life annuity rates range from 6.5% to 12%, depending upon the age of the income recipient. Income is fixed.	Deduction for that portion representing the difference between the amount of the annuity and the value of the annuity payment.
Pooled Income Fund	Cash. Appreciated property. Minimum initial contribution: $5,000. Additional gifts: $2,500.	Annual lifetime income payment is determined annually based on the fund's rate of return. Income is variable.	Deduction for value of donation minus the value of income stream.
Charitable Remainder Unitrust	Cash. Appreciated property. Minimum initial funding: $100,000. Additional contributions allowed.	Percentage of the trust's assets as valued annually. Minimum payout: 5%. Income is variable.	Deduction for value of donation minus the value of income stream.
Charitable Remainder Annuity Trust	Cash. Appreciated property. Minimum initial funding: $100,000. Additional contributions cannot be made to an annuity trust.	Percentage of trust's value at time it is established. Minimum payout: 5%. Payment is a fixed and specified dollar amount regardless of the trust's investment performance.	Deduction for value of donation minus the value of income stream.

Additional information on the Infirmary's Life Income Programs, as well as other gift planning opportunities, can be obtained by writing or calling:

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Senior Development Officer
Massachusetts Eye and Ear Infirmary
243 Charles Street
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Your inquiry will be held in strict confidence.

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Annual Report 1998

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175th Anniversary of the Massachusetts Eye and Ear Infirmary

19th century beginnings, 21st century solutions

Massachusetts Eye and Ear Infirmary

THE 21ST CENTURY FUND

DELIVERING *on* OUR PROMISE

The 21st Century Fund is an enduring partnership of the private sector and the Massachusetts Eye and Ear Infirmary in the uninterrupted pursuit of medical discovery. The Fund seeks to benefit revolutionary programs that have put the Infirmary at the forefront of emerging technologies and treatments, and to secure the future through endowments that support research, teaching and patient care.

As the Infirmary celebrates its 175th anniversary, a comprehensive campaign with a goal of $50 million is underway to address endowment needs, facility improvements, and annual support.

The 21st Century Fund challenges individual and institutional funding sources to share a vision for the future that resembles no past centuries; to create resources for innovations not yet imagined; and to reassure those of our community that compassionate care will always be available at the Massachusetts Eye and Ear Infirmary.

Elizabeth Erickson, an Infirmary audiologist, screens a newborn's hearing in the Mother and Child Unit at the Massachusetts General Hospital. Newborn hearing screening is important because it is the only way in which infants with hearing loss can be identified so that treatment can begin to prevent delays in the development of communication. Infirmary audiologists developed the equipment for this test, which is a simple, five-minute procedure that evaluates hearing by measuring the vibration of the small hair cells in the cochlea when exposed to sound. Babies are ideally tested while sleeping.


Employee
Identification

Report from the President and the Chairman

The annual report offers an opportune time to reflect on the Massachusetts Eye and Ear Infirmary's accomplishments and strategies and to look forward to the coming year. Historically, the Infirmary's commitment has been to patient care, teaching and research, and to the physicians and staff who fulfill this important mission. In the past year, we have instituted programs that have enhanced patient care; improved our working environment; expanded our research activity; and have reduced the overall costs of providing the highest quality of care for our patients. We are pleased to note we have made significant progress in all areas. Admission, surgical operations, research and other important indicators exceed last year. The Infirmary is fiscally stronger, as a recent bond financing clearly demonstrates. A balanced budget for fiscal year 1999 was achieved despite Medicare cuts and continuing challenges from managed care organizations, while allowing for cautious and continued expansion. We are particularly proud of the following accomplishments:



F. Curtis Smith (r) and Sheldon A. Buckler, Ph.D.

This year we opened the new Ambulatory Admission and Recovery area on the ninth floor. The area's bright and open look effectively captures the spirit of the nursing staff which cares for more than 15,000 surgical patients annually. Under the direction of Richard Maki, R.N., this unit is a paradigm of efficiency, friendliness and quality, all of which are the hallmarks of the Infirmary's patient care team. The painting in the lobby, entitled "County Fair," by artist Joan Osborne and donated by Infirmary-friend Norman Knight, warms the area and comforts patients awaiting surgery.

The Facial and Cosmetic Surgery Center opened in August. The new Center, under the direction of Mack Cheney, M.D., is the focus of the large dermatologic practice of Jessica Fewkes, M.D., and is utilized by a dedicated group of facial cosmetic surgeons.

This year, we welcomed the Spaulding Rehabilitation Center to the Infirmary. This 15-bed unit, operated under the Spaulding license and staffed by its employees, provides rehabilitation care to Infirmary patients on the eleventh floor, as well as the many patients transferred from the Massachusetts General Hospital.

The Norman Knight Hyperbaric Medicine Center expanded this year. Working with the Partners organization, Shriners Burns Institute, and of course, Mr. Knight, Dick Fabian, M.D., Eric Shank, M.D., nursing and others, the unit has grown from one small chamber to a Center housing three large-bore chambers. This Center, designed to save the lives of our community firefighters and to enhance treatment for our head and neck patients, is an example of the Infirmary's determination to improve the plight of people throughout New England.

We are pleased to note that the Infirmary's Audiology Department now provides hearing screenings to all babies born in the MGH Mother/Child Unit. Congratulations to Aaron Thornton, Ph.D., and Barbara Herrmann, Ph.D., for their efforts in this area.

The Infirmary opened the Ronald McDonald Learning and Activity Center, which is a cooperative effort of the Infirmary and the Ronald McDonald House Charities. Located in the pediatric unit, the center provides an environment where children can learn and play, free of clinical intervention.

Significant process has been made this year expanding our research effort in otolaryngology under the direction of Joseph Nadol, M.D., Chief of Otolaryngology. The appointment of M. Charles Liberman, Ph.D., as the Director of the Eaton-Peabody Laboratory was the successful conclusion of a year-long search for the right individual to lead this laboratory into the 21st Century. We have also agreed to expand our Vestibular Laboratory, which is a unique national resource. By committing equipment and financial resources to Daniel Merfeld, Ph.D., nationally renowned vestibular investigator, the hospital and the otolaryngology department have significantly strengthened their vestibular research program.

In ophthalmology, under the direction of Frederick Jakobiec, M.D., Chief of Ophthalmology, we have also made significant progress. The recent approval of the Joint Research Center in Ophthalmology, a collaborative effort with the Infirmary and Schepens Eye Research Institute, is a strategy to strengthen our commitment to transitional research. Many thanks to J. Wayne Streilein, M.D., President and Director of Research at Schepens, and Dr. Jakobiec, as well as the many researchers, physicians, and managers who turned this vision into reality.

The Keck Center, under the leadership of Don Eddington, Ph.D., Robert Hillman, Ph.D., Conrad Wall, Ph.D., and Joseph Rizzo, M.D., has also made significant progress. At a recent board meeting, Dr. Eddington detailed advances in all four areas: balance, hearing, voice and vision. The Keck Center, made possible by the generous support of the W. M. Keck Foundation, is a collaboration with the Draper Laboratory and the Massachusetts Institute of Technology.

Last year we stated that the reason we were successful was the significant increase in volume (5%) generated in our operating rooms. We are equally pleased this year that our financial success was the result of a 3% increase in volume in operations over last year. Growth is critical because the per unit reimbursement is being driven down by the Federal government (Medicare/Medicaid) and by the managed care payers. Because of this growth, the Infirmary again operated break-even by generating more than $1.2 million without relying on prior year reserves.

A reason for this success is that the Infirmary has invested in programs with growth and quality as the primary focus, such as the expansion of our South Suburban Center. By adding two physicians, Peter Friedensohn, M.D., and Paul Konowitz, M.D., to the existing staff of Ed Reardon, M.D., and John Lazor, M.D., we will ensure the mission of the department. The same is true with the addition of the Framingham Center with Jane R. Clark, M.D. The otolaryngology satellites now surround the city with prominent otolaryngologists who share the vision of our otolaryngology department. The growth of our volume and our financial success would not have been possible without the excellence of our nursing staff. Under the direction of Carol Covell, R.N., M.S., the care provided in our operating rooms and nursing unit is unsurpassed.

Our fiscal department, under the direction of Peter Chinetti, Vice President for Finance, has also delivered solid results. The Infirmary recently refinanced its bonds, saving more than $3.9 million in debt service over the next 13 years. Our financial success was enhanced when the state granted the Infirmary a one-year exemption from its uncompensated care pool assessment. With the assistance of Senator Robert Travaglini, we successfully argued that the current formula continues to be unfair to the Infirmary. This is the third, and probably the final year the Infirmary will receive this exemption.

The 21st Century Fund, the Infirmary's $50 million campaign, reached a new milestone in FY 1998. More than $4.2 million in gifts and pledges were secured, and the campaign's total reached $41.1 million. Our appreciation to Trustee Division Chairman Robert T.P. Storer, Jr., Campaign Chairwoman Diane E. Kaneb, and Chairman of the Development Committee James Sullivan, Sr., for their hard work in raising money for this great institution. The Infirmary continued its commitment to Community Benefits with the continuation and expansion of the Vision and Hearing Pilot Project at the Neighborhood House Charter School in Dorchester. Under the direction of Dr. Nathalie Azar, Pediatric Ophthalmology, residents and fellows provided vision screening to the 145 students at the school. Hearing screenings were provided to children at the Neighborhood House Charter School by audiologists, under the direction of Dr. Thornton. The Infirmary is also involved in a new program to provide assistance to the victims of the bombing at the U.S. Embassy in Nairobi.

The Infirmary welcomed four new senior managers in 1998: Bruce Jordan, Vice President of Development and Public Affairs; Anne Fitzgerald, Director of Information Systems; Elayn Byron, Director of Research Administration; and Kevin Craig, Administrative Director of Ophthalmology. We also welcomed Board Members Lily H. Bentas, Herbert W. Pollack and David W. Scudder and Trustees James T. Brett, Richard J. Chaffin, Cheryl L. Clarkson, Renée M. Landers, Pamela G. McDermott, Christopher E. Nolin and Richard L Taylor.

The Infirmary has had a banner year, but we can not rest on our laurels. We must continue to meet the challenges and opportunities the financial resources have in store for use in fiscal year 1999. We believe we have already met the first challenge with a break-even budget for fiscal year 1999. Now we must deliver this budget as we have over the last nine years, as we believe we will. With the guidance of the Board, we will meet the challenges the coming years will bring to ensure that the Infirmary's future is as bright as its past. We look forward to our 175th year of being the preeminent eye and ear institution in the country.



Sheldon A. Buckler, Ph.D.,
Chairman



F. Curtis Smith,
President


A -SOURCE
IMAGE

Report from the Chief of Otolaryngology

The mission of the Department of Otolaryngology at the Massachusetts Eye and Ear Infirmary is to provide excellence in patient care for disorders that affect the ear, nose, throat, head and neck regions; to conduct clinical and basic research in its area of specialty; to provide excellence in education and training of future health care and research professionals; and to disseminate health-related information to the profession and to the general public. In the year 1998 there was significant activity in all areas.



Joseph B. Nadol, Jr., M.D.

Fiscal year 1998 saw evidence of continued growth of clinical care in most arenas. In the outpatient area, the addition of two clinicians in the South Suburban Center significantly added to outpatient volume. In audiology, the addition of well-baby and NICU screenings have added to the number of patients seen. Likewise, the volume of patient visits has increased nearly 18% in our Voice and Speech Laboratory. After many years of progressive decline of hospital admissions, Fiscal 1998, for the second year in a row saw a significant increase in patient care, this year in excess of 10%.

In the Division of General Otolaryngology, under the direction of Dr. Gregory Randolph, experience was gained with the CT guidance system during endoscopic surgery and skull base surgery in over 200 cases, and the institution's initial experience with this new technology has been reported in the scientific literature. A laryngeal monitoring program, the first program of its kind in the country, provides electrophysiologic monitoring of nerves that innervate the larynx, which are at risk during thyroid and other neck surgery. New surgery for snoring is now available at the Infirmary. Using radio frequency technology, relatively painless surgery can be done in the outpatient setting under local anesthesia.

Steven Zeitels, M.D. (left), head and neck surgeon, laryngologist and associate medical director of the Voice and Speech Laboratory, performs laryngeal stroboscopy on a patient. The Infirmary has expanded its voice and speech program and has created a new Division of Laryngology, which is under the direction of Dr. Zeitels.

The Clinical Outcomes Research Unit, under the direction of Dr. Richard Gliklich, has secured several new contracts on a national basis in its work to develop specific health measures and new methodology for understanding the socioeconomic impact of medical intervention of patients with a variety of disorders.

In the Division of Head and Neck Surgical Oncology, under the direction of Dr. Richard Fabian, and with the assistance of Dr. Gregory Randolph, Dr. Mark Varvares, and Dr. Steven Zeitels, there has been a 20% increase in the number of head and neck surgeries and admissions.

Utilization of hyperbaric oxygen has increase 30% in the last fiscal year and, thanks to the generosity of Norman Knight, a third hyperbaric chamber became a reality. In addition, Mr. Knight will support an international symposium on the efficacy of HBO, which will be held at the Infirmary in the year 2001.

In the Voice and Speech Laboratory, in addition to a substantial increase in clinical utilization, clinical research continues on three important projects: (1) The Voice Project, under the support of the W.M. Keck Foundation Neural Prosthesis Research Center, seeks to provide patients who have lost their ability to speak because of laryngeal cancer or trauma an improved electrolarynx communications system; (2) Objective assessment of vocal hyperfunction, supported by NIDCD, and; (3) Phase II trials of the thyroplasty implant devised by Dr. William Montgomery. In addition, Dr. Katherine Verdolini joined the staff in the Voice and Speech Laboratory as a Research Associate and is supported by an NIH New Investigator grant. Laboratory researchers presented their work at national and international meetings, and Dr. Hillman was an invited speaker at the annual meeting of the British Voice Association and the International Conference on Breathing and Phonation in Stockholm. Based on his innovative work in the Voice and Speech Laboratory, Dr. Steven Zeitels received the Casselberry Award from the American Laryngologic Association.

This year saw the opening of a magnificent Facial and Cosmetic Surgery Center on the 9th floor of the Infirmary. This will provide a much needed clinical venue for surgeons on both the hospital and non-hospital based staff, including otolaryngology, ophthalmology, general plastic and dermatologic surgery.

Under the direction of Dr. Donald Eddington, the Cochlear Implant Research Laboratory continues its work to improve speech recognition, using cochlear

implants, by previously deaf individuals. Work begun this year includes development of a laboratory system that delivers stimuli to both ears by cochlear implants.

In the Jenks Vestibular Laboratory we welcomed a new medical director, Dr. Richard Lewis, of the Johns Hopkins School of Medicine. A vestibular scientist, Dr. Daniel Merfeld from the Neurologic Institute in Portland, Oregon, was recruited to develop a new vestibular research laboratory on the fourth floor. Research in the Jenks Laboratory includes an NIH-funded project to improve the resolving power of existing clinical tests for balance disorders; a NASA-funded project to develop improved methodology of assessing postural abnormalities; and the development of a balance prosthesis for individuals with chronic balance disorders unresponsive to current medical and surgical treatment. This work is sponsored by the W.M. Keck Foundation Neural Prosthesis Research Center.

The NIDCD National Temporal Bone Hearing and Balance Pathology Resource Registry, which is located at the Infirmary, now contains information on more than 6,000 patients with hearing or balance disorders. This database is used by investigators nationwide. Dr. Saumil Merchant, with the help of colleagues from the otology and pediatric services, and in collaboration with the Department of Genetics at the Harvard Medical School, provided new genetic and histopathologic information for one form of autosomal dominant genetic deafness, so-called DFNA9. Dr. Merchant received a First Award from NIDCD to support his work on the acoustical aspects of middle ear and reconstructive surgery in conjunction with Dr. John Rosowski. We thank Mr. and Mrs. Monte Wallace for their generosity in establishing the Middle Ear Research Unit within the Eaton-Peabody Laboratory.

The Audiology census has increased by 15%. This year, hearing aids are fitted by the Infirmary's Audiology Service, not only in Boston, but also in the Stoneham, Framingham, Wellesley, and East Boston Neighborhood Health Facilities. Cheryl Bakey, a speech pathologist, has been recruited to develop the auditory rehabilitation program. We appreciate the interest and continued support of Dr. and Mrs. Robert Seamans in our rehabilitative efforts.

In addition to running a very busy service, Dr. Roland Eavey continues his work directed at tissue engineering of the external ear in conjunction with Dr. Charles Vacanti. With the collaboration of Dr. Jonathan Seidman, from the Molecular Genetics Laboratory at Harvard Medical School, the gene for Bjornstad's syndrome was linked to chromosome 2. Dr. Michael Cunningham was the Program Chairman of the American Society of Pediatric Otolaryngology and the Co-Chair of the Home Study Section for the American Academy of Otolaryngology-Head and Neck Surgery. Dr. Leila Mankarious was honored by the American Academy of Otolaryngology-Head and Neck Surgery, which presented her the Earleen Elkins Research Award for her innovative work in the development of the cricoid cartilage.

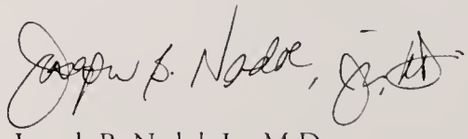
We welcome several new members to the professional staff including Dr. Jane Clark, who is Director of the Framingham Center for Otolaryngology, Drs. Laura Goguen, Jon Liland and David Kieff, who joined Harvard Vanguard Associates, and Roger Nuss.

The Department was saddened by the December 1997 death of Dr. Ned Holmes, an important member of the Plastic and Reconstructive Surgery faculty.

Professor Charles Liberman was named as the Director of the Eaton-Peabody Laboratory, succeeding Professor Nelson Kiang who retired last year. The research activities of the Eaton-Peabody Laboratory are supported largely by federal grants from the NIDCD. New grant support this year was obtained for the study of the mechanisms underlying the generation of otoacoustic emissions by Dr. Chris Shera and the possible role of the spiral ligament of the inner ear in cochlear inflammatory responses by Dr. Joe Adams. Drs. Melcher and Levine have shown that tinnitus and related activity can be visualized in the human brain using functional magnetic resonance imaging.

The Department serves as a primary clinical venue for resident training in conjunction with colleagues at the Children's Hospital, Brigham and Women's Hospital, and Beth Israel Deaconess Medical Center. In 1998, there were 20 research fellows, both graduates of otolaryngologic training programs and postdoctoral fellows sponsored by a variety of training grants.

The Department wishes to thank its patients, staff, and the Board of Directors for their help and support in making this a busy and successful year.



Joseph B. Nadol, Jr., M.D.,
Chief of Otolaryngology

Report from the Chief of Ophthalmology

When I arrived in Boston in January 1989 to become Chief of Ophthalmology at the Infirmary and Chairman of Ophthalmology at Harvard Medical School, I gave an interview to the Harvard Medical School "Focus" newsletter on my plans and vision for the department. Among various topics that were covered, I highlighted the need to build bridges between and among the many components in the different institutions of the Harvard Department of Ophthalmology. In 1991, a formal affiliation agreement was signed between the Schepens Eye Research Institute and the Harvard Department of Ophthalmology, which set in place the basis for granting academic appointments up to full professor for the faculty of the Schepens, as well as launched a search that found Dr. Wayne Streilein to be the new Director of Research. I am pleased to say that there has been additional progress in bringing the Schepens Eye Research Institute and the Infirmary closer together on a clinical basis. During the past year, discussions were held with the Schepens Eye Research Institute to establish a conjoint Clinical Research Center, which will promote the application of laboratory research and discoveries to patient care (translational research).



Frederick A. Jakobiec, M.D.

The Infirmary's Ophthalmology Department has over 100,000 patient visits a year in its 15 sub-specialties; these patients, when they need improved therapies, and the Infirmary's eye staff will be preferred partners for the Schepens Eye Research Institute so that its scientists can have clinical outlets. Dr. Kathryn Colby has been selected as the first Director of the Center, and Dr. Joan Miller has been named as the first Chairperson of the Joint Governance Committee. This is a unique facility in American ophthalmology, and strengthens and widens the bonds between two of Harvard's premier ophthalmology units. All other components of the Harvard Department of Ophthalmology will be encouraged to utilize the facility.

Over the past year, the ophthalmology division at the Brigham and Women's Hospital was successfully integrated into the Massachusetts Eye and Ear Associates. Many of the patients evaluated at the Brigham and Women's Hospital have had their surgeries performed at the Infirmary; thereafter their postoperative and ongoing care was conducted at the Brigham and Women's Hospital. Dr. William Power oversaw this amalgamation, but for family reasons, he has decided to return to his native Ireland. We were fortunate in being able to recruit Dr. Roberto Pineda as his successor.

Three other recruitments during the past year round out our clinical and research faculty. Dr. Sonia Yoo, who did her residency and corneal fellowship at the Infirmary, was brought on staff to assist Dr. Dimitri Azar in his burgeoning corneal refractive surgery practice. As a leader in excimer laser corneal refractive surgery, Dr. Azar has also introduced the somewhat more complicated procedure referred to as LASIK (laser in situ keratomileusis). Dr. Theresa Chen was recruited to the Glaucoma service, after Drs. Louis Pasquale and Cynthia Grosskreutz were selected as co-directors via a national search. Dr. Chen will conduct new clinical investigative trials in glaucoma, which can be dovetailed with the Clinical Research Center. Finally, Dr. Francesca Pignoni was recruited as a Howe Laboratory scientist after a national search; she has devoted her research to elucidating the genes that are responsible for the initial embryologic organization of the ocular primordia.

The Infirmary's fellowship and residency programs remain among the strongest in the country and are very much coveted by candidates. The residents who arrived in July of 1998 represent an extraordinarily talented pool: five are women, four are graduates of the Harvard Medical School, and one is the youngest medical school graduate in the United States. Our 26 clinical fellows and 15 laboratory and research fellows reflect a cross-section of the most gifted students in the United States and from around the world.

The six volume, 6,000 page textbook, *The Principles and Practices of Ophthalmology*, edited by Dr. Daniel Albert and me, was completely revised during this academic year and is now in press. It is expected to appear at that American Academy of Ophthalmology at its November 1999 meeting. Every chapter was revised, and 40% are brand new; there are 424 chapters and almost 700 authors and co-authors. The first edition won a prize from the Association of American Publishers for being the best medical textbook in any medical specialty for the year 1994; since its appearance it has become the standard reference in our field, both nationally and internationally. For the second edition, I invited Drs.

Dimitri Azar and Evangelos Gragoudas to be associate chief editors with me, because of the scope of their contributions to the entire enterprise.

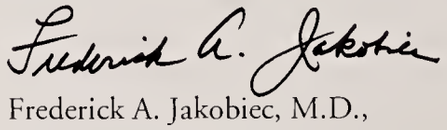
The research accomplishments of our clinical and laboratory investigators continue to abound. At the annual scientific meeting of the Association for Research in Vision and Ophthalmology in May 1998, over 150 posters and lecture presentations were given by the Infirmary's faculty. Our faculty members have also been honored as visiting professors around the United States and abroad. Exceptional research contributions were made by Drs. Eliot Berson and Thaddeus Dryja in their continuing identification of new genes for various forms of retinal degenerations; Drs. Tiansen Li and Eliot Berson additionally had a paper published demonstrating the efficacy of vitamin A therapy in retarding retinal degeneration in an animal model. Dr. Donald D'Amico, with the approval of the institution's Review Board, has been performing erbium-YAG laser surgery in humans to remove delicate membranes from the retina. The Infirmary is one of only two sites where this investigation is underway. Dr. Joseph Rizzo, with the surgical assistance of Dr. John Loewenstein, was responsible at the Infirmary for the insertion into a human eye of the first retinal implant consisting of an array of 100 microelectrodes, the intent of which is to stimulate residual elements of the retina in advanced retinal degenerations. Finally, Dr. M. Reza Dana has shown in an animal model that high risk corneal transplantations can be salvaged by sophisticated immuno-modulation. A major portion of the indispensable support for the foregoing and other research activities in the Department of Ophthalmology comes from grants given by the National Institutes of Health, Research to Prevent Blindness, Inc., and the Massachusetts Lions Foundation.

In April 1998, the Infirmary's Board of Directors held a retreat to explore possible expansion of laboratory and clinical research at the Infirmary. Both the departments of ophthalmology and otolaryngology were invited to submit the most promising and pressing research objectives for their respective fields. In ophthalmology we selected the areas of glaucoma, macular degeneration, and angiogenesis (new blood vessel formation in the retina -- for example, as in diabetes mellitus) as the most fertile areas for intensified research in the immediate years ahead. Both physiologic and molecular genetic discoveries with enhanced technological tools would permit breakthroughs in these areas. At the present time, there is a great debate in glaucoma circles as to the causation of the disease, and therefore this field of research could be highly rewarding with the introduction of original ideas.

Macular degeneration and new blood vessel formation in diabetes are under active investigation by a half a dozen members of our faculty at the present time. It was consequently proposed that a Macular Degeneration and Angiogenesis Center be established in the Department of Ophthalmology at the Infirmary; this could serve as a basis for applying for new grants, foundation support, and philanthropy. We have identified another 10 individuals who are performing laboratory research in the Howe Laboratory, Berman-Gund Laboratory, and Molecular Genetics Institute and who could participate in such a Center. In this regard, it should be noted that Dr. Thaddeus Dryja received a $300,000 grant from the New York-based Steinbach Foundation to pursue molecular genetic studies of macular degeneration.

During the past year, the Infirmary and its group practices had very positive financial performances. The Infirmary's Department of Ophthalmology now embraces the unit at the Brigham and Women's Hospital along with satellites in Stoneham, Somerville, and Methuen. Other ophthalmology satellites will be established in various medical facilities operated by the Brigham and Women's Hospital.

The Massachusetts Eye and Ear Ophthalmology Associates' participation in the state-wide Eye Care Excellence network for capitation insurance has been functioning harmoniously and has secured several new contracts for its members. Outpatient visits and the number of our ambulatory surgeries continue to grow, which assist us in our clinical, teaching, and research missions. We look forward in the next year to the never-ending challenges of improving patient care, and to solidifying our new clinical research initiative with the Schepens Eye Research Institute.



Frederick A. Jakobiec, M.D.,
Chief of Ophthalmology

Rosaida Shkliew, R.N., nurse on the 11th floor inpatient unit (right), is a member of the Infirmary's patient care team which provides compassionate care to more than 15,000 surgical patients each year.



1998 Employee Stars



January
Pablo Flores
Shipping & Receiving



February
Dianne Famigletti
Patient Accounts



March
Carole Tucker
Epidemiology



April
Barbara Cote
Neuro-Ophthalmology



May
Chrys Peralta
Occupational Therapy Service



June
Nelson Lugo
Safety, Security & Parking



July
Socorro Pendon, R.N.
Nursing



August
Linda Victor
ENT Administration



September
Karen Whelan
Fluorescein



October
Shani Tate Taylor
Nursing

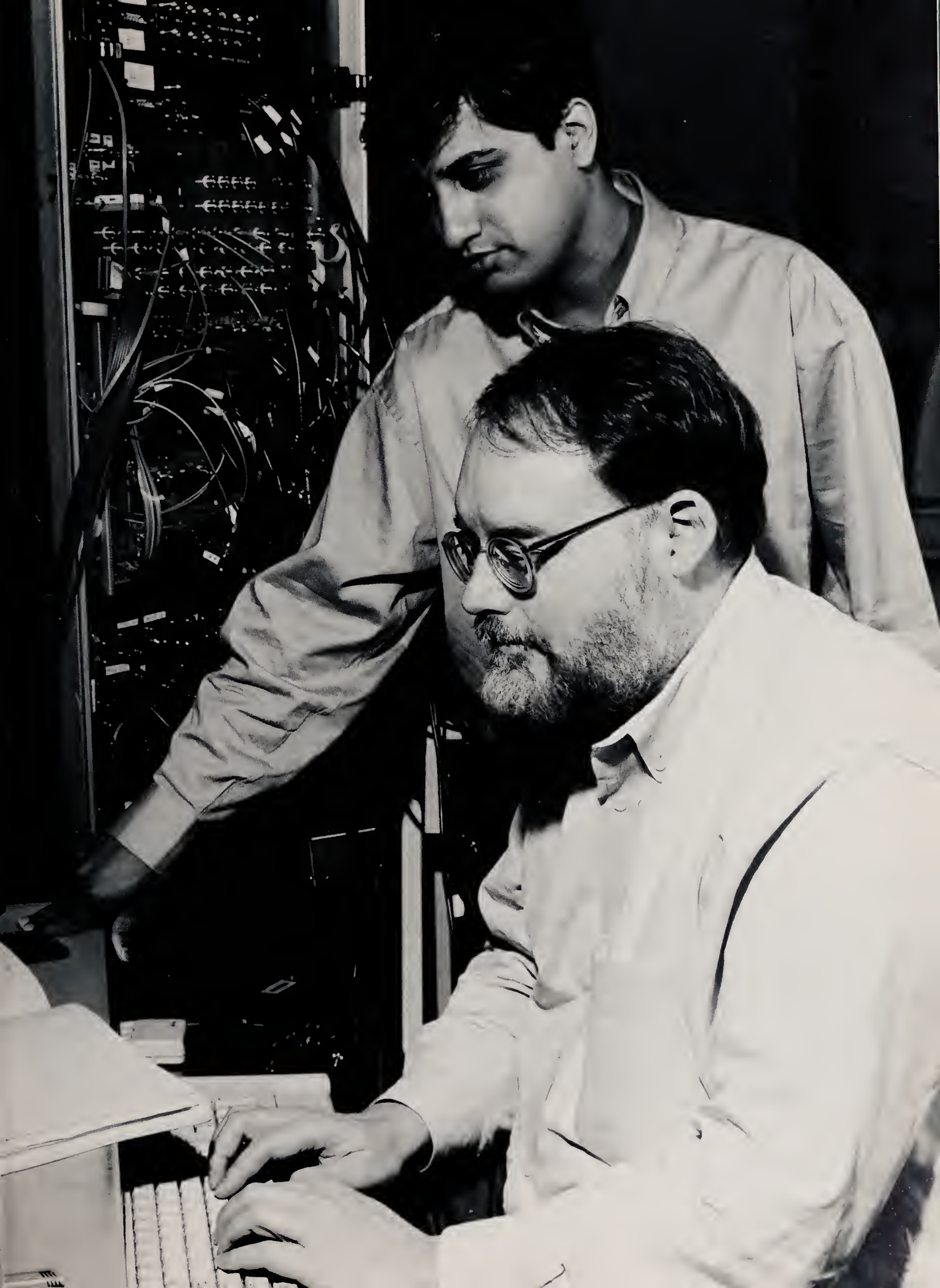


November
Elaine Carter
Patient Accounts



December
Shawn Middleton
Public Affairs

Donald Eddington, Ph.D. (right), director of the W.M. Keck Foundation Neural Prosthesis Center (NPRC), works with a research fellow on the cochlear implant project. Made possible by a generous grant from the W.M. Keck Foundation, the NRPC is a collaboration with the Infirmary, the Massachusetts Institute of Technology and the Draper Laboratories that is aimed at restoring function to deaf, blind, mute and balance-impaired people. Its mission is to integrate and focus the unique skills represented by the three institutions on the development of neural prostheses, devices that connect with an individual's nervous system to restore lost neural function.



The Year in Review



A reception was held to honor Infirmary-friend Norman Knight for his gift of art to the Infirmary entitled "Country Fair," by artist Joan Osborne. Standing in front of the painting are (left to right) Boston Fire Commissioner Martin E. Pierce, Jr.; Richard Fabian, M.D., Director of the Infirmary's Norman Knight Hyperbaric Medicine Center; F. Curtis Smith, Infirmary President; Mr. Knight; Kathleen O'Toole, Secretary of the Massachusetts Executive Office of Public Safety; and Boston Police Commissioner Paul Evans.

Twelfth Annual Reynolds Society Dinner Held

The Massachusetts Eye and Ear Infirmary held its twelfth Annual Reynolds Society Dinner at Boston's Four Seasons Hotel. This year's Reynolds Achievement Award recipients were Cara Dunne and Bonnie Poitras Tucker. A skiing legend who has received 10 medals in world championships and Olympic games for the disabled, Cara Dunne is one of the few athletes who is an Olympic medalist in both a winter and a summer sport. Bonnie Poitras Tucker is an attorney and a Professor of Law at Arizona State University and is the author of eight books and approximately 100 articles, primarily on the subject of Federal disability law.



William Montgomery, M.D. (left), and Claes Dohlman, M.D., two well-known senior physicians and Harvard Medical School professors, were honored with awards for their distinguished service at the 175th Anniversary Gala.

21st Century Fund Campaign Raises More Than $4.2 Million in 98; Rapidly Approaching $50 Million Goal

The 21st Century Fund, the Infirmary's $50 million campaign, reached a new milestone in FY 1998. More than $4.2 million in gifts and pledges were secured, and the campaign's total reached $41.1 million. The Infirmary extends its appreciation to Robert T.P. Storer, Sr., Campaign Chairwoman Diane E. Kaneb, and Chairman of the Development Committee James Sullivan, Sr., for their hard work in raising money. Special 1998 highlights of the campaign include:

- Norman Knight made three major pledges to support Richard L. Fabian, M.D.'s, work with hyperbaric medicine, bringing his campaign support to more than $1 million.
- The Ruth and Milton Steinbach Foundation made a grant of $300,000 to support the work of Thaddeus Dryja, M.D.
- Research to Prevent Blindness made grants to support the work of Drs. Jakobiec, Azar, and Gragoudas, bringing the Foundation's support of the 21st Century Fund to more than $1.8 million.
- Mr. Saad Al-Rashed made a third gift of $100,000 to support keratoprosthesis research by Claes Dohlman, M.D.
- Trustee Monte Wallace and his wife, Anne, pledged $100,000 to establish the Monte J. and Anne H. Wallace Middle-Ear Research Unit.



Reynolds Society Achievement Awards were presented to Bonnie Poitras Tucker (left), a distinguished attorney and author, and Cara Dunne, a world class skier and cyclist.

1999 Marks the 175th Anniversary of the Mass. Eye and Ear Infirmary

The Massachusetts Eye and Ear Infirmary celebrated its 175th anniversary with a black tie gala held in May 1999 at Boston's Fairmont Copley Plaza Hotel. More than 550 friends from Massachusetts and far beyond joined in the celebration. The gala evening included dancing to the Hip Pocket Orchestra. The mistress of ceremonies for the evening was WBZ-TV Channel 4's Kasey Kaufman, weekend anchor and reporter. As a special highlight of the evening, Air France and Le Meridien Hotel teamed up and offered a grand prize of a trip for two to Paris, France.



With the new spacious patient waiting room in the background, Mack Cheney, M.D., Director of Facial Plastics and Reconstructive Surgery, provides caring treatment in the Center.

New Facial and Cosmetic Surgery Center Opens

The Infirmary's new Facial and Cosmetic Surgery Center held its grand opening last June. The facility is the only one of its kind in New England, offering the highest quality medical care in a soothing, supportive and safe hospital environment. Located on the 9th Floor of the Infirmary and overlooking the scenic Charles River, the Center houses a variety of Harvard specialists encompassing all areas of facial plastic and cosmetic surgery.

FACIAL AND COSMETIC SURGERY CENTER

Kenyan Children Injured in Blast Travel to the U.S. for Specialized Care

Three Kenyan children — ranging in age from 7 to 17 — who were victims of the August 7, 1998 bombing at the U.S. Embassy in Nairobi, received specialized medical treatment at the Massachusetts Eye and Ear Infirmary for injuries sustained during the blast.

The children are beneficiaries of the Nairobi Children's Initiative, a broad-based, private-sector-led program in which communities and organizations both in Kenya and in the United States donated financial and in-kind resources for their treatment.

The children were selected for the Nairobi Children's Initiative by a team of American and Kenyan doctors after extensive post-operative assessments were made on those individuals who sustained both eye and ear injuries from the bombing.



Suresh Patel (right), a 17-year-old bombing victim from Kenya, speaks about the Nairobi bombing incident that took place last summer while Claes H. Dohlman, M.D., senior cornea specialist, who examined Patel, looks on.



Ronald McDonald Learning and Activity Center Established

The Massachusetts Eye and Ear Infirmary is proud to announce the opening of the Ronald McDonald Learning and Activity Center. The Ronald McDonald Learning and Activity Center, which opened with a ribbon-cutting ceremony last summer, is a cooperative effort of the Infirmary and the Ronald McDonald House Charities. The Ronald McDonald Learning and Activity Center is particularly significant because it represents the first time that the Ronald McDonald House Charities has partnered with a hospital to meet the specific needs of children confined to the hospital. The Center has been designed by the Infirmary to meet the needs of its visually- and hearing-impaired patients.

(Left to right) Carol Covell, R.N., M.S., Senior Vice President for Patient Services; Rick McCoy, representative of Ronald McDonald House Charities and local McDonald's Operator/Owner; and Cindy Gardell, R.N., M.S.N., Clinical Leader of Pediatrics, cut the ribbon during the grand opening of the Ronald McDonald Learning and Activity Center.

1998 Statistical Report

Massachusetts Eye and Ear Infirmary

Fiscal Year 1998

Inpatient Hospital 42 Beds	Discharges:	
	Eye Discharges	401
	ENT Discharges	1535
	Total	**1,936**
	Patient Days	6,694
	Average Length of Stay	3.46
Surgical Procedures	Inpatient Surgery:	
	Eye Cases	427
	ENT Cases	1,059
	Total	1,486
	Ambulatory Surgery:	
	Eye Cases	12,208
	ENT Cases	5,615
	Total	17,823
	Total Surgical Procedures	**19,309**
	Ambulatory Surgery Cases Utilizing Observation Service	4,371
Outpatient Department	Ophthalmology	
	General Eye	18,938
	Glaucoma	7,653
	Cornea	7,597
	Retina (including Immunology)	16,789
	Neuro-Ophthalmology	5,186
	Pediatric Ophthalmology and Strabismus	2,181
	Eye Plastic	2,681
	Electroretinograpy	2,935
	Vision Rehabilitation	3,140
	Contact Lens	5,689
	Methuen Center	3,364
	Somerville Center	2,674
	Stoneham Center	2,239
	Brigham and Women's Center	14,960
	Total	96,026
	Otolaryngology	
	Infirmary	40,318
	Stoneham Center	13,608
	Quincy Center	10,827
	Wellesley Center	5,944
	Framingham Center	2,159
	Total	72,856
	Total Outpatient Visits	**168,882**
Emergency Room	**Total Visits**	**23,189**
Special Services	Audiology Department	
	Outpatient Visits	11,681
	Hearing Aid Center	2,177
	Evoked Response	2,563
	Radiology Department	
	Conventional Exams	4,703
	CT Scan	4,944
	MRI	4,570
	Laboratories	
	Bacteriology (Cultures)	11,152
	Clinical Lab (Procedures)	96,023
	ENT Pathology (Specimens)	9,430
	Eye Pathology (Specimens)	4,368
	Frozen Section Laboratory	1,562
	Fluorescein Angiography	9,256
	Occupational Therapy	1,434
	Optical Shop	7,127
	Pain Clinic	122
	Ultrasonography	3,674
	Vestibular Laboratory	2,315
	Voice and Speech Laboratory	7,917
	Hyperbaric Oxygen Treatments	1,793

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Balance Sheet

as of September 30, 1998

ASSETS

Current Asset	
Cash and Cash Equivalent	$2,928,752
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)	$169,637
Patient Accounts Receivable	
Less Allowance for Doubtful Accounts ($5,633,421)	$16,304,839
Other Current Assets	$3,162,631
Total Current Assets	$22,565,859
Assets Whose Use is Limited	
Funded Depreciation	$2,416,351
Special Cash Reserves	$4,095,401
Under Indenture Agreement	$4,359,091
Total Assets Whose Use is Limited	$10,870,843
Investments	$74,969,574
Pledges Receivable	$2,256,951
Remainder Interest in Charitable Trusts	$2,681,591
Beneficial Interest in Trust	$12,067,929
Property, Plant & Equipment (Net of Depreciation of $91,142,508)	$71,374,601
Other Assets	
Intangible Assets (Net of Amortization of $163,369)	$1,440,307
Deposits	$418,100
Total Assets	$198,645,755

LIABILITIES AND NET ASSETS

Current Liabilities	
Current Portion of Long-term Debt and Capital Leases	$2,231,102
Accounts Payable and Accrued Expenses	$9,606,248
Accrued Interest	$169,637
Estimated Settlements with Third Party Payors	$5,333,387
Total Current Liabilities	$17,340,374
Long-term Debt, Less Current Portion	$45,953,056
Accumulated Post-Retirement Benefit Obligations	$584,159
Professional Liability Reserve	$1,549,196
Accrued Pension Costs	$913,750
Total Liabilities	$66,340,535
Net Assets	
Unrestricted for General Operations	$42,805,679
Board Designated	$20,310,913
Total Unrestricted Net Assets	$63,116,592
Temporarily Restricted	$28,515,972
Permanently Restricted	$40,672,656
Total Net Assets	$132,305,220
Total Liabilities and Net Assets	$198,645,755

1998 Financial Statements

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Statement of Revenue and Expenses of the General Funds

as of September 30, 1998

Net Patient Revenue	
Net Patient Service Revenue	$87,086,575
Other Operating Revenue	
(Including $11,831,284 from Research, Contributions and Grants)	$22,068,675
Total Operating Revenue	$109,155,250
Operating Expenses	
Patient Care and Clinical	$78,573,237
General and Administrative	$16,615,076
Research	$10,727,824
Education	$1,612,594
Total Operating Expenses	$107,528,731
Deficit of Revenues Over Expenses Before Prior Years' Reserves	$1,626,519
Reduction of Prior Years' Reserves	$980,170
Income From Operations	$2,606,689
Other Gains	$2,469,211
Excess of Revenues Over Expenses	$5,075,900
Other Support	$1,521,855
Change in Unrealized Appreciation on Investments	($2,446,745)
Increase in Unrestricted Net Assets before Extraordinary Items	$4,151,010
Extraordinary Loss from Extinguishment of Debt	($4,123,528)
Increase in Unrestricted Net Assets	$27,482

In addition, the Foundation received the following restricted funds income:	
Gifts and Bequests	$3,043,428
Investment Income	
Interest and Dividends	$265,423
Realized Gains on Investments	$2,989,884
Unrealized Losses on Investments	($7,418,126)
Gain on Beneficial Interest in Trust	$792,137

A copy of the audited financial statements is available upon request from the Office of Public Affairs, (617) 573-3340.

Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Malcolm J. Heslop, M.D.
Jin Woo Kim, M.D.

Associate Anesthesiologists
Martin A. Acquadro, M.D., D.M.D., F.A.C.P., F.A.C.P.M.
Tuan Xuan Nghiem, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Agata A. Boland, M.D.
Barbara A. Castro, M.D.
Gail D. Grunberg, M.D.
Ilya Malikin, M.D.
T. Gordon McNabb, M.D.
Kary D. Ott, M.D.
Martin J. Redmond, M.D.
Gabrielle F. Troll, M.D.

Active Staff (Part-time)

Assistant in Anesthesiology
Rebecca J. Leong, M.D.

Active Staff (Full-time)

Assistants in Anesthesiology
Nancy L. Gessner, M.D.
Michael Owczarek, M.D.
Vivian Toney, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
Jonathan S. Bogan, M.D.
Nai-Wen Chi, M.D.
Julien Dedier, M.D.
Carol Ehrlich, M.D.
Timothy Ferris, M.D.
Joel S. Finkelstein, M.D.
Christine M. Hay, M.D.
Robert Hughes, M.D.
Chi-Yuan Hsu, M.D.
Laurence Katznelson, M.D.
Barrett Kitch, M.D.
William A. Kormos, M.D.
John Lepore, M.D.
Joia Mukherjee, M.D.
Gerard Nau, M.D.
Allan E. Pineda, M.D.
Norman Sharpless, M.D.
Ravi Thadhani, M.D.
Ramnik J. Xavier, M.D.

Infectious Disease Service
Marlene L. Durand, M.D.

Department of Ophthalmology

Active Staff

Chief of Ophthalmology
Frederick A. Jakobiec, M.D.

Associate Chiefs of Ophthalmology
Dimitri T. Azar, M.D.
Donald J. D'Amico, M.D.
John I. Loewenstein, M.D.
Magdalena Krzystolik, M.D.
Vincent J. Patalano, M.D.
Yiehieh Shiuey, M.D.

Surgeons in Ophthalmology
Ann M. Bajart, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Jack F. Bowers, M.D.
Robert J. Brockhurst, M.D.
Donald J. D'Amico, M.D.
Richard L. Dallow, M.D.
Claes H. Dohlman, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, M.D.
H. MacKenzie Freeman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
Arthur S. Grove, M.D.
Tatsuo Hirose, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D., Ph.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
Deborah P. Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
John I. Loewenstein, M.D.
Peter L. Lou, M.D.
J. Wallace McMeel, M.D.
Edward B. Murphy, Jr., M.D.
Ronald C. Pruett, M.D.
Charles D.J. Regan, M.D.
Alfred W. Scott, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
John W. Shore, M.D.
Richard J. Simmons, M.D.
Felipe I. Tolentino, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.

Associate Surgeons
Dimitri T. Azar, M.D.
Don C, Bienfang, M.D.
Gary E. Borodic, M.D.
Chester J. Boulris, M.D.
Sheldon M. Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Leo T. Chylack, M.D.
Anthony J. Fraioli, M.D.
Alexander R. Gaudio, M.D.
Philip J. Harris, M.D.
David S. Hutchison, M.D.
James R. Lee, M.D.
Howard Martin, M.D.
Joan W. Miller, M.D.
Shizuo Mukai, M.D.
Robert A. Petersen, M.D.
Peter A. D. Rubin, M.D.
Delia N. Sang, M.D.
Bradford J. Shingleton, M.D.
Roger F. Steinert, M.D.
Trexler M. Topping, M.D.
John J. Weiter, M.D.
John J. Woog, M.D.
Lucy H. Young, M.D., Ph.D.

Assistant Surgeons
Mark Abelson, M.D.
Anthony P. Adamis, M.D.
Maida P. Antigua, M.D.
Paul G. Arrigg, M.D.
Jorge Arroyo, M.D.
Nathalie F. Azar, M.D.
Michael A. Chang, M.D.
Romeo K. Chang, M.D.
M. Reza Dana, M.D., MPH
Maryanna Destro, M.D.
Eric Endo, M.D.
Richard H. Feit, M.D.
Macie Finkelstein, M.D.
Jeffrey P. Gilbard, M.D.
Andrew J. Gillies, M.D.
Edward F. Goodman, M.D.
Jeffrey P. Green, M.D.
Paul L. Gunderson, M.D.
Bonnie An Henderson, M.D.
Mark S. Hughes, M.D.
Kevin J. Kaufman, M.D.
Mark A. Latina, M.D.
Robert A. Lytle, M.D.
Craig A. McKeown, M.D.
Mariana D. Mead, M.D.
Steven M. Patalano, M.D.
Vincent J. Patalano, M.D.
David G. Perkins, M.D.
Richard P. Pesavento, M.D.
Michael K. Pinnolis, M.D.
Donald W. Putnoi, M.D.
Heidi Remulla, M.D.
Thomas M. Richardson, M.D.
Claudia U. Richter, M.D.
Joseph F. Rizzo, III, M.D.
James W. Rosenberg, M.D.
Edward A. Ryan, M.D.
Francis C. Sutula, M.D.
Jonathan H. Talamo, M.D.
Daniel J. Townsend, M.D.
David M. Tracy, M.D.
Susan Wong, M.D.
Gloria Wu, M.D.

Assistants in Ophthalmology
Teresa Chen, M.D.
John B. Constantine, M.D.
Mark Dacey, M.D.
David S. Gendelman, M.D.
Evan B. Gold, M.D.
Cynthia Grosskreutz, M.D., Ph.D.
Mary Elizabeth Hartnett, M.D.
Barry H. Jacobs, M.D.
Glenn P. Kimball, M.D.
Ernest W. Kornmehl, M.D.
Mark C. Kuperwaser, M.D.
Joseph J. Levy, M.D.
David G. Lotufo, M.D.
Richard Low, M.D.
Mary Jane McCarron, M.D.
Michael G. Morley, M.D.
Louis R. Pasquale, M.D.
Dale C. Oates, M.D., Ph.D.
P. David Reese, M.D.
Martin D. Richler, M.D.
Thomas Smith, M.D.
Neal G. Snebold, M.D.
Paul J. Wasson, M.D.
Lawrence E. Weene, M.D.
Richard S. Weinhaus, M.D.
Janey Lee Wiggs, M.D., Ph.D.
Sonia Yoo, M.D.

on leave of absence
* deceased

Associate Staff

Surgeons
Harry E. Braconier, M.D.
Ephraim Freedman, M.D.
Stephen J. Fricker, M.D.
John R. Gehring, M.D.
Perry Rosenthal, M.D.

Associate Surgeons
Ralph H. Hinckley, M.D.
Clement Trempe, M.D.

Assistant Surgeons
C. Davis Belcher, M.D.
David Z. Greenseid, M.D.
Alex Jalkh, M.D.
Ernst J. Meyer, M.D.
Roberto Pineda, M.D.
Carmen A. Puliafito, M.D.
Leon L. Remis, M.D.
Theodore Renna, M.D.
Ruthanne B. Simmons, M.D.

Assistants in Ophthalmology
Frederick C. Armbruster, M.D.
Jean-Bernard Charles, M.D.
Robert J. D'Amato, M.D.
Elizabeth Daher, M.D.
Miriam Dougherty, M.D.
Deborah S. Eappen, M.D.
C. Douglas Evans, M.D.
Edward Feinberg, M.D.
Kweku Ghartey, M.D.
Bruce J. Gillers, M.D.
Robert Haimovici, M.D.
Deborah S. Jacobs, M.D.
Nabil I. Jarudi, M.D.
Robert T. Lacy, M.D.
Kameran Lashkari, M.D.
Judy T. Lin, M.D.
O'Ine McCabe, M.D.
Edward F. McCarthy, M.D.
Timothy J. Murtha, M.D.
Steven A. Nielsen, M.D.
Lawrence I. Rand, M.D.
Peter A. Rapoza, M.D.
Elias Reichel, M.D.
Bernard Schwartz, M.D., Ph.D.
Jeffrey L. Taveras, M.D.
Lois M. Townshend, M.D.
Stewart J. Turner, M.D.
Eliane Uninsky, M.D.
Kuldip K. Vaid, M.D.
Deborah E. Zuckerman, M.D.

Assistant Staff

Assistants In Ophthalmology
Daniel Buerger, M.D.
Iffikhar Chaudhry, M.D.
Eileen Conti, M.D.
Vinay Desai, M.D.
Lisa Gamell, M.D.
Karen Laird, M.D.
William Tang, M.D.
Antonio Vinals, M.D.

Consulting Staff

Associate Surgeons
Lloyd M. Aiello, M.D.
Eeva-Liisa Martola, M.D.
Jill Smith, M.D.

Courtesy Staff

Assistant Surgeons
Claudia Arrigg, M.D.
Eric Johnson, M.D.
Jay Kaufman, M.D.
Brent Lambert, M.D.
Mary Gilbert Lawrence, M.D.
Peter B. Mooney, M.D.

Assistants in Ophthalmology
Jules L. Baum, M.D.
Michael Bradbury, M.D.
Joseph F. Burke, M.D.
Richard A. Dornfield, M.D.
Jay Duker, M.D.
David E. Eisenberg, M.D.
Bishara Faris, M.D.
George T. Frangieh, M.D.
Firmon E. Hardenbergh, M.D.
Mandi Z. Kunen, M.D.
Vick Kvedar, M.D.
Shelley G. McKee, M.D.
Mehul. C. Mehta, M.D.
Clifford M. Michaelson, M.D.
Michael J. Price, M.D.
Michael B. Raizman, M.D.
Stephen H. Rostler, M.D.
Deborah Scholossman, M.D.
Joel Schuman, M.D.
Sabera T. Shah, M.D.
Omah S. Singh, M.D.
Lois E. Smith, M.D., Ph.D.
Sarkis H. Soukiasian, M.D.
Ernest A. Sutcliffe, M.D.
John V. Thomas, M.D.
George A. Violin, M.D.
Stephen A. Youngwirth, M.D.
Mandi Zaltas, M.D.

Associate Surgeons
Frank Berson,, M.D.
John Carroll, M.D.
Brent Lambert, M.D.

Emeritus Staff

Surgeons
S. Arthur Boruchoff, M.D.
Thomas P. Cronin, M.D.
W. Morton Grant, M.D.
Warren D. Haley, M.D.
Carl Cordes Johnson, M.D.
Sumner D. Liebman, M.D.
George M. Olive, M.D.
Charles L. Schepens, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.
Silvio R. Von Pirquet, M.D.
Francis J. West, M.D.

Associate Surgeons
Frederic B. Breed, M.D.
Carl G. Freese, Jr., M.D.
John M. Hill, M.D.
Roland Houle, M.D.
Donald R. Weis, M.D.

Assistant Surgeons
Robert S. L. Kinder, M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.

Honorary Staff

Senior Honorary Surgeon
Irving L. Pavlo, M.D.

Associate Surgeon
Paul F. Vinger, M.D.

Assistant in Ophthalmology
Robert B. Cook, M.D.

Clinical Fellows

Anthony Andrews, M.D.
Jean Arbour, M.D.
Kathryn Colby, M.D., Ph.D.
Ignatius Cyriac, M.D.
Robert Eagan, M.D.
Aaron Fay, M.D.
Mark Fleckner, M.D.
Alice Gasch, M.D.
Kenneth Graham, M.D
Melanie Ryan Graham, M.D.
Stephanie Harper, M.D.
Michael Hochman, M.D.
Roger Hoffman, M.D.
Cameron Javid, M.D.
Rosa Kim, M.D.
Magdalena Krzystolik, M.D.
Thomas Lee, M.D.
Samir Melki, M.D.
Howard Pomeranz, M.D.
Michael Samson, M.D.
Jonathan Sheindlin, M.D.
Stephen Stechshulte, M.D.
Ramin Tayani, M.D.
Farzad Yaghouti, M.D.
Timothy You,.M.D.

International Clinical Fellows

Robert Ang, M.D.
Annabelle Ching-Costa, M.D.
Gabrielle Garza, M.D.
Antonio Guerrero, M.D.

Research Associates

Meredithe L. Applebury, Ph.D.
Vadim Y. Arshavsky, Ph.D.
Clint L. Makino, Ph.D.
Jarema Malicki, Ph.D.
Dorothy J. Roof, Ph.D.
Michael A. Sandberg, Ph.D.
King To, M.D.
Xun Zhang, Ph.D.

on leave of absence

Research Fellows

Jalmal Al-Murja, M.D.
Jayakrishna Ambati, M.D.
Peter D. Calvert, M.D.
Geoffrey Doerre, Ph.D.
Samir Farah, M.D.
Jie Gao, Ph.D.
Nicolette Gion, M.D.
Stephanie A. Hagstrom, Ph.D.
Evarardo Hernandez-Quintela, M.D.
Tomoko Kure, M.D.
Wei-Cherg Hsu, M.D.
Li Kuan Hu, M.D.
Jeffrey P. Johnston, Ph.D.
Latthias Kraus, M.D.
Eric Letko, M.D.
Paul Chung-shien Lu, M.D.
Chang Lu, M.D.
Ming Lu, Ph.D.
Sahwkat Michel, M.D.
Kazuaki Miyamoto, M.D.
Hiroyuki Morimura, M.D.
Yasufumi Moromizato, M.D.
Toshinori Murata, M.D.
Elina Nekrasova, Ph.D.
Mahnaz Nouri, M.D.
Dong Jing Oh, Ph.D.
Amy H. Parminder, M.D.
Liselotte Pieroth, M.D.
Wenying Qin, D.V.M.
Reem Reeno, M.D.
Richard Rustandi, Ph.D.
Virender Sangwan, M.D.
Jeri-Lynn Schremser, M.D.
Mohamed Shahin, M.D.
Dror Sharon, Ph.D.
Maxin Sokolov, M.D.
Panagiota Stavrou, M.D.
?ogara Taguchi, M.D.
Nattaport Tesavibul, M.D.
Panagiotis G. Theodosiadis, M.D.
Xiang Yun Wei, Ph.D.
Hiroyuki Yamamoto, M.D., Ph.D.

Residents

Nasrin A. Afshari, M.D.
Ron Afshari, M.D.
Balamurali Ambati, M.D.
Sherleen Chen, M.D.
Elizabeth R. Davis, M.D.
Ronald Farkas, M.D.
Calvin Grant, M.D.
Lynn Halpern, M.D.
Stephanie L. Harper, M.D.
Eddie W. Harris, M.D.
Deeba Husain, M.D.
Ivana Kim, M.D.
Stella Kim, M.D.
Eugene S. Lit, M.D.
Victor Perez, M.D.
Subharansu Ray, M.D.
Tueng Shen, M.D.
Kimberly Sippel, M.D.
Erich Strauss, M.D.
Michael J. Tolentino, M.D.
David Zacks, M.D.

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Bonnie An Henderson, M.D., Co-Director

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Stoneham Eye Center
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Vincent J. Patalano, M.D. Co-Directors

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Berman-Gund Laboratory for the Study of Retinal Degeneration
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Peggy Rodriguez, Manager of Administration
Tiansen Li, Ph.D.
Michael A. Sandberg, Ph.D.

Howe Laboratory of Ophthalmology
Meredithe L. Applebury, Ph.D., Director
Vadim Y. Arshavsky, Ph.D.
Clint L. Makino, Ph.D.
Jarema Malicki, Ph.D.
Dorothy Roof, Ph.D.

Epidemiology Unit
Johanna M. Seddon, M.D., Director
Elizabeth Samelson, Ph.D.

Ocular Molecular Genetics Institute
Thaddeus P. Dryja, M.D., Director

Department of Otolaryngology

Active Staff

Chief of Otolaryngology
Joseph B. Nadol, Jr., M.D.

Surgeons
Barry J. Benjamin, M.D.
Mack L. Cheney, M.D.
Michael J. Cunningham, M.D.
Roland D. Eavey, M.D.
Howard M. Ecker, M.D.
A. Greer Edwards, M.D.
Richard L. Fabian, M.D.
Edward J. Glinski, M.D.
C. Edward Jackson, M.D.
Edward E. Jacobs, M.D.
Parviz Janfaza, M.D.
Donald G. Keamy, M.D.
Thomas R. Klein, M.D.
Robert H. Lofgren, M.D.
Ralph B. Metson, M.D.
William W. Montgomery, M.D.
Joseph A. Moretti, M.D.

Active Staff (Continued)

Thomas J. Mulvaney, M.D.
Joseph B. Nadol, Jr., M.D.
David E. Nash, M.D.
H. Gregory Ota, M.D.
Steven D. Rauch, M.D.
Edward J. Reardon, M.D.
Salah D. Salman, M.D.

Associate Surgeons
Peter S. Ambrus, M.D.
Jose D. Angeles, M.D
Jeffrey Brown, M.D..
Victor Calcaterra, M.D.
Pamela F. Diamond, M.D.
Peter N. Friedensohn, M.D.
Richard E. Gliklich, M.D.
Richard Hillel, M.D.
Robert M. Kiskaddon, M.D.
Paul Konowitz, M.D.
Michael J. McKenna, M.D.
Lawrence Mambrino, M.D.
Saumil N. Merchant, M.D.
Dennis S. Poe, M.D.
Michael A. Williams, M.D.
Steven M. Zeitels, M.D.

Associate Neurologist
Stephen W. Parker, M.D.

Assistant Surgeons
Samir Bhatt, M.D.
David M. Bowling, M.D.
James W. Lucarini, M.D.
Gregory W. Randolph, M.D.
Eric H. Stein, M.D.
Mark A. Varvares, M.D.

Pathologist
Ben Zion Pilch, M.D.

Assistants in Otolaryngology
Nicolas Y. BuSaba, M.D.
John B. Lazor, M.D.
Leila A. Mankarious, M.D.
Roger C. Nuss, M.D.
Mark F. Rounds, M.D.
Robert A. Stern, M.D.

Assistant in Otolaryngology
(Neurology)
Robert A. Levine, M.D.

Associate Staff

Associate Surgeons
Marvin P. Fried, M.D.
Bruce R. Gordon, M.D.
Ivo P. Janecka, M.D.
Ely A. Kirschner, M.D.
Trevor J. McGill, M.D.
Charles M. Norris, M.D.
Jo Shapiro, M.D.
J. Nicholas Vandemoer, M.D.

Assistant Surgeons
Bjorn Bie, M.D.
Thomas A. Chasse, M.D.
Robert A. Frankenthaler, M.D.
Ralph A. Iannuzzi, M.D.
George Kazda, M.D.
Jon B. Liland, M.D.
Arthur M. Lauretano, M.D.
Leonard B. Miller, M.D.
Richard A. Moss, M.D.
Robert A. Stern, M.D.
David M. Vernick, M.D.

Assistants in Otolaryngology
Neil Bhattacharyya, M.D.
David S. Caradonna, M.D.
Jane R. Clark, M.D.
Laura A. Goguen, M.D.
Harsha V. Gopal, M.D.
Terry C.Y. Liu
Mark Poulin, M.D.
Renee Rossi, M.D. #

Consultant in Allergy and Immunology
Martin G. Ostro, M.D.

Consultant in Dermatologic Surgery
Jessica Fewkes, M.D.

Consultant in Neurosurgery
Robert Ojemann, M.D.

Consultants in Hyperbaric Medicine
Jeffrey A. Blair, M.D.
David Brown, M.D.
Alasdair K. Conn, M.D.
Erik Shank, M.D.
Robert L. Sheridan, M.D.
Dana Stearns, M.D.
Stephen H. Thomas, M.D.

Consultant in Oral/ Maxillofacial Surgery
Leonard B. Kaban, M.D.

Consulting Staff

Consultant in Allergy and Immunology
Richard A. Moscicki, M.D.

Consultant in Dermatology
Oon T. Tan, M.D.

Consultant in Maxillofacial Prosthetics
Matthew J. Jackson, M.D.

Consultant in Radiation Oncology
Paul G. McKeough, M.D.

Courtesy Staff

Associate Surgeons
Robert P. Cipro, M.D.
Joseph F. DiTroia, M.D.
Clarence E. Kylander, M.D.
Peter Van Orman, M.D.

Assistant Surgeons
Fred G. Arrigg, M.D.
Stuart H. Bentkover, M.D.
Pamela D. Dana, M.D.
Edward Donovan, M.D.
Terry Garfinkle, M.D.
Usama S. Hamdan, M.D.
James B. Howell, M.D.
James Hughes, M.D.
Charles J. Leidner, M.D.
Cliff A. Mergerian, M.D.
Joseph H. Oyer, M.D.
Jonathon S. Sillman, M.D.
Leslie M. Silverstein, M.D.
Stephen A. Smith, M.D.
H. Dennis Snyder, M.D.

Assistants in Otolaryngology
James L. Demetroulakos, M.D.
Maynard C. Hansen, M.D.
Cheong H. Kim, M.D.
Kathryn A. Ryan, M.D.

Consultant in Oral/Maxillofacial Surgery
Meredith August, M.D.

Honorary Staff

Associate Surgeon
William G. Lavelle, M.D.

Associate Surgeon
(Neurology)
Alfred D. Weiss, M.D.

Surgeons
Edgar M. Holmes, M.D.*
Roy A. Johnson, M.D.
Robert E. Klotz, M.D.
John M. Kurkjian, M.D.

Emeritus Staff

Senior Consulting Surgeon
J. Charles Drooker, M.D.

Surgeons
Yale J. Berry, M.D.
Robert H. Freedman, M.D.
William L. Hayden, M.D.
Alfred L. Hurst, M.D.
Charles Kent, M.D.*
David L. Pierce, M.D.

Research Fellows

Kirit Bhatt, M.D.
Aminuddin Bin Saim, M.D.
Alfonzo Esparza, M.D.
Frank Fechner, M.D.
Theresa A. Hadlock, M.D.
Prayjoy Kadkade, M.D.
Michiko Node, M.D.
Jan Ole Schubert, M.D.
Yusuke Shinomori, M.D.
Kohiro Tsuji, M.D.
Naohiro Yoshida, M.D.
Luis Velazquez-Villasenor, M.D.
Matthew White, M.D.

Clinical Fellows

Hinrich Staecker, M.D.
Ilan Hochman, M.D.

Residents

Dan Alam, M.D.
John F. Ansley, M.D.
Albert Assad, M.D.
Jean M. Bruch, M.D.
Harold Chow, M.D.
Daryl G. Colden, M.D.
Wade W. Han, M.D.
Craig A. Jones, M.D.

on leave of absence
* deceased

Residents (Continued)

Sandeep Kathju, M.D.
Jennifer C. Kim, M.D.
Ju Y. Kim, M.D.
Amy Lai, M.D.
Derrick Lin, M.D.
Pratik Pradhan, M.D.
Evan R. Reiter, M.D.
Noah S. Siegel, M.D.
Darshan K. Vyas, M.D.
Richard J. Wong, M.D.
Molly Zirkle, M.D.

Services

Audiological Services
Aaron Thornton, Ph.D.,
Director

Auditory Evoked Response
Joseph B. Nadol, Jr., M.D.,
Medical Director

Endoscopy Service
William W. Montgomery, M.D.,
Director

ENT Emergency Service
Mack L. Cheney, M.D.,
Director

Facial Plastics and Reconstructive Surgery Service
Mack L. Cheney, M.D.,
Director

Facial Nerve Center
Michael J. McKenna, M.D.,
Director

General Otolaryngology
Gregory W. Randolph, M.D.,
Director

Head and Neck Surgical Oncology Service
Richard L. Fabian, M.D.,
Director

Hyperbaric Oxygen Unit
Richard L. Fabian, M.D.,
Director

Intermediate Care Unit
Richard L. Fabian, M.D.,
Director

Jenks Vestibular Diagnostic Laboratory
Steven D. Rauch, M.D.,
Acting Medical Director

MGH/MEEI Cranial Base Center
Joseph B. Nadol, Jr., M.D.,
Co-Medical Director

Medical Student Education
Steven D. Rauch, M.D.,
Coordinator

Otolaryngologic Pathology Service
Ben Z. Pilch, M.D.,
Director

Otology Service
Joseph B. Nadol, Jr., M.D.,
Director

Pediatric Otolaryngology Service
Roland D. Eavey, M.D.,
Director

Sinus Center
Salah D. Salman, M.D.
Director

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Robert Hillman, Ph.D.,
Director
William W. Montgomery, M.D.,
Medical Director
Steven M. Zeitels, M.D.,
Associate Medical Director

Walk-In Service
Gregory W. Randolph, M.D.,
Director

Research Staff

Amelia Peabody Otoimmunochemistry Laboratory
Joe C. Adams, Ph.D.,
Director

Audiology
Aaron R. Thornton, Ph.D.,
Director
Chris Halpin, Ph.D.
Barbara S. Hermann, Ph.D.

Auditory Prosthesis Laboratory
Robert D. Hall, Ph.D.,
Director

Clinical Outcomes Research Unit
Richard E. Gliklich, M.D.,
Director

Cochlear Implant Research Laboratory
Donald K. Eddington, Ph.D.,
Director
Darlene Ketten, Ph.D.
Joseph Tierney, S.M.

Eaton-Peabody Laboratory of Auditory Physiology
M. Charles Liberman, Ph.D.,
Director
M. Christian Brown, Ph.D.
Peter Cariani, Ph.D.
Steven Colburn, Ph.D.
Bertrand Delgutte, Ph.D.
Andrew B. Dobrzeniecki, Ph.D.
Dennis M. Freeman, Ph.D.
Lawrence S. Frishkopf, Ph.D.
Barbara C. Fullerton, Ph.D.
John J. Guinan, Ph.D.
Tai Lin, Ph.D.
Ruth Y. Litovsky, Ph.D.
Jennifer R. Melcher, Ph.D.
William T. Peake, Ph.D.
Sunil Puria, Ph.D.
William M. Rabinowitz, Ph.D.
John J. Rosowski, Ph.D.
Christopher Shera, Ph.D.
Thomas F. Weiss, Ph.D.
F. Ishmael Stefanov-Wagner,
Research Support Engineer
David A. Steffens,
Research Support Engineer

Neurochemistry Unit
Edmund R. Mroz, Jr., Ph.D.
William F. Sewell, Ph.D.

Electron Microscopy Laboratory
Charles M. Liberman, Ph.D.
Director
Robert S. Kimura, Ph.D.

Evoked Response Audiometry Laboratory
Aaron R. Thornton, Ph.D.,
Director

Mosher Laryngology Research Laboratory
James B. Kobler, Ph.D.,
Director
James Heaton, Ph.D.

Otopathology Laboratory
Saumil N. Merchant, M.D.
Director
Clarinda C. Northrop

National Temporal Bone, Hearing and Balance Pathology Resource Registry
Saumil Merchant, M.D.,
Co-Director
Joseph B. Nadol, Jr., M.D.,
Co-Director

Voice and Speech Laboratory
Robert Hillman, Ph.D.,
Director
Katherine Verdolini, Ph.D.

Department of Radiology

Active Staff

Chairman of Radiology
James H. Thrall, M.D.

Chief of Radiology
Hugh D. Curtin, M.D.

Radiologists
Hugh D. Curtin, M.D.
Kiyokazu (Jack) Momose, M.D.

Assistants in Radiology
Kenneth R. Davis, M.D.
Michael H. Lev, M.D.
James D. Rabinov, M.D.
Laura Vitale Romo, M.D.
Pamela W Schaefer, M.D.

Associate Staff

Associate Radiologist
R. Gilberto Gonzalez, M.D.

Emeritus Staff

Consultant in Radiotherapy
Milford Schulz, M.D.

Consulting Staff

Clinical Associate in Radiology
Jeanne D. Keller, M.D.

Consultants in Radiotherapy
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

on leave of absence
* deceased

Administration

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F. Curtis Smith

General Counsel
Barbara F. Katz

Vice President for Business Development
Lisa Putukian

Senior Vice President for Patient Services
Carol Covell, R.N., M.S.

Vice President for Finance
Peter J. Chinetti

Administrative Director for Ophthalmology
Javier Balloffet
(resigned 6/98)
Kevin Craig
(effective 11/98)

Administrative Officer for Otolaryngology
Jean MacQuiddy

Vice President for Development and Public Affairs
Bruce Jordan

Vice President for Human Resources
Jeanne Benoit

Trustees

(As of Dec. 2, 1998)

1948 August R. Meyer
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1967 John M. Lord, *Emeritus*
1967 William F. Spang
1967 Monte J. Wallace
1971 Robert C. Jordan, *Honorary*
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1971 Robert D. Williams
1972 Matthew J. Burns
1972 Leo H. Daley
1972 Mrs. William P. Ellison
1973 J. Frank Gerrity
1973 Robert T.P. Storer, Jr.
1973 Frederick G.P. Thorne
1974 Bruce A. Beal
1976 Walter A. Rosenblith, Ing. Rad, *Emeritus*
1977 Sandra Carnegie Steele
1979 William H. Claflin, IV
1979 Mrs. Ernest J. Sargeant
1979 Ann Sargent
1980 Thomas M. Reardon
1980 Eli Shapiro, Ph.D. *(through 1/12/98)*
1980 Endicott Smith*
1981 Joseph Auerbach
1981 Maynard Goldman *(through 12/2/98)*
1981 John C. Kane, Jr.
1982 Jonathan M. Keyes
1983 Ephraim Friedman, M.D.
1983 John F. Palmer
1983 Manuel Rosenberg *(through 12/2/98)*
1983 Wayne D. Thornbrough
1983 Charles T. Wood
1984 Sheldon A. Buckler, Ph.D.
1984 Richard A. MacKinnon
1984 George J. Rabstejnek
1985 Karen K. Chandor
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Ruth R. Davidson Trust
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Mr. Alfred DiNitto
Ms. Lisl Dinolt
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Ms. Della DiSanzio
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From its beginning 175 years ago, and in every challenge since, the Infirmary's source of strength and promise has been found in enlightened philanthropists who have helped us sustain our mission. As the 21st Century Fund campaign continues, we hope to build upon this legacy of support and to encourage our benefactors to participate in the stewardship of the Massachusetts Eye and Ear Infirmary. The Life Income Programs of the Massachusetts Eye and Ear Infirmary offer very attractive ways to support research, teaching and patient care programs. The following summary of giving vehicles is designed to provide you with a basic understanding of the benefits of each life income plan. It is intended to point you in the right direction. We encourage you to further explore the options in order to develop a charitable giving strategy which is most advantageous to you.

Method		Income for Donor	Federal Tax Implication
Gift Annuity	Cash. Appreciated property. Minimum initial contribution: $5,000. Additional gifts: $2,500.	Annual lifetime income payment to you or a designated beneficiary. Single life annuity rates range from 6.5% to 12%, depending upon the age of the income recipient. Income is fixed.	Deduction for that portion representing the difference between the amount of the annuity and the value of the annuity payment.
Charitable Remainder Unitrust	Cash. Appreciated property. Minimum initial funding: $100,000. Additional contributions allowed.	Percentage of the trust's assets as valued annually. Minimum payout: 5%. Income is variable.	Deduction for value of donation minus the value of income stream.
Charitable Remainder Annuity Trust	Cash. Appreciated property. Minimum initial funding: $100,000. Additional contributions cannot be made to an annuity trust.	Percentage of trust's value at time it is established. Minimum payout: 5%. Payment is a fixed and specified dollar amount regardless of the trust's investment performance.	Deduction for value of donation minus the value of income stream.

Additional information on the Infirmary's Life Income Programs, as well as other gift planning opportunities, can be obtained by writing or calling:

Melissa Paul
Development Officer
Massachusetts Eye and Ear Infirmary
243 Charles Street
Boston, MA 02114-3096
(617) 573-4168

Your inquiry will be held in strict confidence.

1998 Massachusetts Eye and Ear Infirmary Annual Report

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1999 ANNUAL REPORT

MASSACHUSETTS EYE AND EAR INFIRMARY

AUGUST R. MEYER - MAY 9, 1917 - MARCH 14, 2000

It is with joy and sadness that we dedicate the 1999 Annual Report to our longtime friend, colleague and Trustee, the late August R. Meyer, Director Emeritus and former Chairman of the Board.



Following his father's tradition of service to the Infirmary, Mr. Meyer, affectionately known as "Augie," served the Infirmary with great distinction and devotion as a Trustee, Member of the Board of Managers, and Chairman of the Board. During his tenure at the Infirmary, Augie served on more committees that any Trustee of record. With his tireless spirit and dedication, the Infirmary grew from a regional resource for treating those with disorders of the eye, ear, nose and throat, to an internationally known center for treatment, research and teaching.

His sincerity, generosity and devotion played an integral part in fulfilling the Infirmary's mission and achieving its goals. Our thoughts and prayers are with his wife, Rita, their children, grandchildren and all of his friends. We will miss him greatly.

Report from the President and the Chairman

The final annual report of the century is an appropriate time to reflect on the Massachusetts Eye and Ear Infirmary's accomplishments and strategies and to look forward to the future. Historically, the Infirmary's commitment has been to patient care, teaching and research, and to the physicians and staff who fulfill this important mission. In the past year, we have instituted programs that have enhanced patient care; improved our working environment; expanded our research activity; and have reduced the overall costs of providing the highest quality of care for our patients. We have focused our energies on these objectives and have made significant progress in all areas.



F. Curtis Smith (r) and Sheldon A. Buckler, Ph.D.

First and foremost, we believe that the close collaboration among the Board of Directors, the Administration and the medical staff has resulted in one of the most productive years in memory for the Infirmary, especially given the exceptionally challenging health care environment. This year we were able to enlarge the scope of our patient care and research programs while balancing our budgets, and did so in the face of continued and steep Medicare and managed care cuts. We are particularly proud of the following accomplishments:

The Joint Commission on the Accreditation of Healthcare Organizations awarded the Infirmary Accreditation with Commendation for the third consecutive time. Under the direction of Carol Covell, R.N., M.S., Senior Vice President for Patient Services, the Infirmary earned a 99% score. In addition, the Infirmary was recognized for the 10th time by *U.S. News & World Report* as one of the nation's best hospitals in its specialties. These achievements would not have been possible without a collaborative effort among staff, administration, physicians and researchers.

The Infirmary experienced significant growth in its patient care areas this year. Among the highlights are Board approval of the expansion of the Laryngology Division under the leadership of Steven Zeitels, M.D; and expansion of the Head and Neck Program under the leadership of Richard Fabian, M.D. We have expanded our refractive surgery capabilities, with the purchase of a new VISX laser and with the addition of corneal ring technology. In addition, the Board has committed to expand the Pediatric Ophthalmology service with a new pediatric ophthalmologist. We are proud of our efforts, which are focused on improving the patient care services. With these commitments, we believe our goal of increased growth in our operating rooms will be met.

Significant progress has been made this year increasing our research effort in otolaryngology under the direction of Joseph Nadol, M.D., Chief of Otolaryngology. We expanded the Vestibular Laboratory, which is a unique national resource in the clinical and research investigation of balance disorders. By committing equipment and financial resources to Daniel Merfeld, Ph.D., nationally renowned vestibular investigator, the hospital and the Otolaryngology department has significantly strengthened its vestibular research and its effort to develop balance prosthetics.

The W.M. Keck Neural Prosthesis Research Center (NPRC), under the leadership of Don Eddington, Ph.D., Robert Hillman, Ph.D., Conrad Wall, Ph.D., and Joseph Rizzo, M.D., has also made significant progress. Dr. Eddington has reported advances in each of the Center's projects: balance, hearing, voice and vision. These significant gains will lead to the development of neural prostheses, devices that connect with an individual's nervous system to restore lost neural function. The Center, made possible by the generous support of the W. M. Keck Foundation, is a collaborative effort with the Draper Laboratory and the Massachusetts Institute of Technology. A special thank you to all three entities and to Board member George Rabstejnek for their efforts on behalf of the Center.

The Infirmary received a five-year contract of more than $2.1 million from the National Institute on Deafness and other Communication Disorders to support and maintain the NIDCD National Temporal Bone, Hearing and Balance Pathology Resource Registry, thanks to the hard work of Saumil Merchant, M.D. The Registry serves as a national resource for both the public and the biomedical research communities to promote research in the pathology underlying disorders of hearing and balance.

In ophthalmology, under the direction of Frederick Jakobiec, M.D., Chief of Ophthalmology, we have also made significant progress. The Board has approved the creation of a new laboratory focused on retinal research

for macular degeneration, diabetic retinopathy and angiogenesis. More than 4,000 square feet will be renovated and equipped with the latest technology to create the Retinal Research Institute for Macular Degeneration and Diabetic Retinopathy. This laboratory, which will bring together and expand the multidisciplinary talents of the Infirmary's researchers, will accelerate the rate of scientific discovery and hasten the development of effective treatments.

The Joint Clinical Research Center , a collaborative effort with the Infirmary and Schepens Eye Research Institute, made great strides this year with the selection of five projects for the first awards. By promoting scientific collaboration among laboratory and clinical researchers, the Infirmary and the Schepens Eye Research Institute will significantly improve the environment that accelerates scientific discovery into state-of-the-art patient care for those suffering from eye disease.

FY 99 was the third consecutive year that our patient volumes grew, which is a direct result of our successful efforts to develop new programmatic initiatives. Last year we noted that the reason we were successful was the significant increase in volume (three percent) generated in our operating rooms. We are equally pleased this year that our financial success was driven by a five percent increase in volume in operations over last year. Growth is critical because the per unit reimbursement is being driven down by the Federal government (Medicare/ Medicaid) and by managed care payors. Because of this growth, the Infirmary again operated in the black. We should be particularly proud of this result given the financial problems facing the industry. Our fiscal department, under the direction of Peter Chinetti, Vice President for Finance, our Chiefs, and our managers have all worked together and delivered solid results. This type of teamwork during these hard times is certainly gratifying.

The growth of our volume and our financial success would not have been possible without the excellence of our nursing staff. Under the direction of Ms. Covell, the care provided in our operating rooms and nursing units is unsurpassed. As our patients and surgeons know, the nurses are always there to help when needed. Their professional and caring approach has been a critical component of our success.

Our international program, under the direction of Camille Condon, continues to expand and handled more than 1,300 patients this year. The Infirmary joined the Greater Boston Convention & Visitors Bureau and is actively involved with Massport, both of which are working to increase the number of international visitors to our region. Their efforts will assist the Infirmary by maintaining and enhancing worldwide visibility.

The Infirmary's information systems underwent major conversions this year in preparation for Y2K. Anne Fitzgerald, Chief Information Officer, and her team, along with staff from virtually every area of the Infirmary, successfully upgraded all of our systems to ensure that they were Y2K compliant. A special thank-you to the Information Service team and to everyone who participated in this massive project.

The Infirmary's marketing staff coordinated a special advertising supplement to the *Boston Globe* that highlighted the Infirmary's 175th anniversary. A special thank-you to Board Member Diane E. Kaneb for her support of this project. I am committed to enhancing our marketing efforts in the future so that the public will know about the great services our nurses and surgeons provide. The Infirmary's web site, http:www.meei.harvard.edu, continues to generate interest and patient appointments. Many thanks to Mary Leach, Director of Public Affairs, and the medical staff leadership for keeping this site vibrant. This site is and will continue to be a source of key information to our patients and will be a significant source of referrals in the upcoming years.

Under the direction of Bruce Jordan, Vice President of Development and Public Affairs, and with the hard work of his staff, fiscal year 1999 was one of the most successful years in the history of philanthropy at Massachusetts Eye and Ear Infirmary. At $7,775,000, total fundraising achievement reached the third highest level ever. Thanks to this success, The 21st Century Fund now stands at more than $49,000,000, well on its way to a successful conclusion by December 31, 1999.

Special thanks to Robert T.P. Storer, Jr., Infirmary Trustee. Our appreciation to Mr. Storer, Ms. Kaneb, and to the Chairman of the Development Committee, James Sullivan, Sr., for their hard work in raising money for this great institution. Special highlights of the 21st Century Fund in FY 99 include the following:

✔ A $2,000,000 bequest supporting macular degeneration research, which came about when an advisor to a successful Florida man suffering from macular degeneration located the Infirmary's web site while searching for research centers which are studying this disorder;

✔ Another generous grant from Research to Prevent Blindness to support research by Drs. Jakobiec and Pignoni. This grant brings to more than $2,000,000 the total given by RPB to the 21st Century Fund;

✔ An unrestricted bequest of $645,000 by Marion O. Whitcomb;

✔ Endowments totaling about $169,000 from Harold Grinspoon honoring William Montgomery, M.D.;

✔ An anonymous grant of $150,000, supporting the work of Mack Cheney, M.D., and his colleagues;

✔ More than $144,000 from new Trustee Gene Seamans and her husband, Bob, supporting the Auditory Rehabilitation Center's Endowment Fund in memory of Helen Patten. Dr. and Mrs. Seamans' previous gifts, as well as other major gifts she has solicited, account for more than $330,000 for this program;

✔ More than $100,000 from Advanced Bionics in support of research in cochlear implants by Donald Eddington, Ph.D;

✔ A commitment of $100,000 from the Lynch Foundation in support of the work of Joseph Nadol, M.D;

✔ An in-kind gift of surgical equipment from Bausch & Lomb Surgical to establish a new Surgical Teaching Lab for ophthalmology residents.

Nineteen ninety-nine marked the Infirmary's 175th anniversary as one of the nation's top specialty hospitals. A year-long series of celebrations have been executed to highlight the Infirmary's achievement and to look forward to its bright future. The slogan for this anniversary year was "19th Century Beginnings, 21st Century Solutions," as created by Phillip Johnson, Controller. A 175th anniversary gala was a great success, thanks to Wadad Salman, Ms. Kaneb and to the Ladies Visiting Committee. A second celebration was held in November at the Museum of Science for all employees. Nearly 1,400 employees, researchers, physicians and Trustees gathered to celebrate our accomplishments.

The Infirmary's Community Benefits program stretched beyond the U.S. boundaries as our physicians provided free care for three Kenyan children who suffered ocular and facial injuries in a bomb blast at the U.S. Embassy in Nairobi in the summer of 1998. This initiative was a model of collaboration between several organizations. The Vision and Hearing Pilot Project at the Neighborhood House Charter School in Dorchester continued and expanded this year to 160 students. Under the direction of Nathalie Azar, M.D., Pediatric Ophthalmology, residents and fellows provided vision screening to students at the Infirmary's "adopted" school. Hearing screenings were provided to the children, under the direction of Ellen O'Neil. We are proud of our community benefits program and are always looking for ways to expand its scope.

We are saddened to note the deaths of three long-time Trustees, August R. Meyer, Endicott Smith and Robert C. Jordan, and the passing of James Schneider, Manager of Pharmacy Services. We extend our sympathy to their friends and families.

Because of all of these efforts, the Infirmary has had a banner year. But, as you know, we cannot rest on our laurels. We must continue to meet the challenges and opportunities our mission has in store for us in 2000 and beyond. We believe we have already met the first challenge with a break-even budget for fiscal year 2000. During this process we were able to match the anticipated cuts in revenue from third-party payors with increases in revenue from new programs. We are pleased that in our efforts to achieve this break-even budget we did not diminish the Infirmary's support for community benefits, education or the overall support for academic and research efforts. Nor did we compromise our very high standards of patient care. Now we must deliver this budget as we have over the last nine years, as we believe we will. With the guidance of the Board, we will meet the challenges the coming years will bring to ensure that the Infirmary's future is as bright as its past. We look forward to the next millennium of being the preeminent eye and ear institution in the country.



Sheldon A. Buckler, Ph.D.,
Chairman

F. Curtis Smith,
President

Report from the Chief of Ophthalmology

This report will selectively cover seven topics within the protean life of the department: new clinical recruitments, clinical growth, additional research laboratories, the opening of a new Clinical Research Center, continuing medical education, publications and the human diversity among the faculty and trainees. In aggregate, these dimensions represent indices of the department's ongoing health and viability.



Frederick A. Jakobiec, M.D.

During the past year, negotiations were completed to recruit two additional clinical faculty members to the hospital-based academic practice in ophthalmology. We are pleased to announce that Lynnette Watkins, M.D., has become Director of Emergency Room Services, with Kathryn Colby, M.D., continuing to overlap with her for the first year as Co-Director. Dr. Watkins received her ophthalmology training at the Infirmary, and did an oculoplastics fellowship at the University of Iowa.

Jean Ramsey, M.D., joined Nathalie Azar, M.D., as our second pediatric ophthalmologist. Dr. Ramsey completed her residency and fellowship training at the New England Medical Center, where she has also been on the faculty for five years. She brings considerable experience and will greatly enhance the growth of pediatric ophthalmology at the Infirmary, which has been successfully spearheaded by Dr. Azar.

With the recruitment of these two talented individuals, the total number of hospital-based clinical faculty in the Massachusetts Eye and Ear Associates Ophthalmology group, between the Infirmary and the Brigham and Women's Hospital (fused two years ago into the Associates), is now 36 ophthalmologists, thereby making ours the largest clinical academic faculty in ophthalmology in the United States. During the 2000 academic year, we anticipate the addition of a second oculoplastics surgeon to assist Peter Rubin, M.D., as well as two more primary eye care physicians, who will be assigned to the Brigham and Women's Hospital unit and to the General Eye Service at the Infirmary. These recruitments will continue the steady growth in the number of patients seen and treated by medical means or surgery in the ophthalmology group practice; we experienced a 10% growth this past year in the practice's activity and volume.

Two salient clinical growth centers in the department are refractive/corneal surgery and the evaluation and treatment of macular degeneration. Dimitri Azar, M.D., has been leading our efforts in refractive surgery; LASIK surgery has more or less supplanted photorefractive keratectomy. Dr. Azar has recently introduced peripheral corneal ring implantation as another approach to ameliorating refractive errors. With the full-time recruitment of Dr. Colby to the Cornea Service, Dr. Azar has assembled an internationally recognized team of nine corneal specialists, including Drs. Anthony Adamis, Claes Dohlman, Deborah Pavan-Langston, Stephen Foster, Roberto Pineda, M. Reza Dana and Sonia Yoo. The combination in our corneal fellowship program of classical corneal diagnosis and surgery, with latterday refractive surgery, has made it among the most coveted in the country. It is now a two-year curriculum, including a year of basic science research into the causes of corneal disease.

Joan Miller, M.D., Associate Professor of Ophthalmology and Past President of the Medical Staff, and Evangelos Gragoudas, M.D., Professor of Ophthalmology and Director of the Retina Service, have made magnificent strides through a clinical multi-center study to demonstrate the efficacy of photodynamic laser therapy for the "wet" or neovascular form of macular degeneration. Photodynamic therapy using verteporfin, or Visudyne therapy, was recently approved by the Federal Food and Drug Administration, following approval in Switzerland, and with favorable reviews in Europe and Canada. As inventors of the therapy, Drs. Miller and Gragoudas have designed and performed the seminal experimental work on this treatment, and designed and executed the clinical trials of the therapy. The first patient in the world was treated at the Infirmary in April of 1995. Promising early clinical data led to multi-center clinical studies that have since demonstrated the efficacy of photodynamic therapy in preserving vision in patients with neovascular macular degeneration. The vision benefit after one year of therapy and the safety of the therapy lead to its recent approval by the FDA, and two-year follow-up of patients in the studies have demonstrated that this effect is sustained. Additionally, clinical studies have demonstrated a substantial benefit on vision in younger patients with neovascular disease from pathologic myopia, or severe near-sightedness.

Drs. Millers and Gragoudas have amassed considerable experience with this innovative treatment, and we are

experiencing further growth in the number of patients seen at the Infirmary with macular degeneration. They co-directed a successful continuing medical education course devoted to new developments in the treatment of neovascular macular degeneration and were able to share their expertise with ophthalmologists in the region, in anticipation of the advent of photodynamic therapy. The Infirmary has recently expanded the Morse Laser Center in order to provide two treatment rooms for photodynamic therapy using both the Coherent and Zeiss lasers. The Laser Center's nursing staff is also experienced in the treatment and assists the hospital and non-hospital-based physicians with photodynamic therapy. The Infirmary staff expects the use of this therapy to increase dramatically over the next year, and is proud to have been part of a real breakthrough in the treatment of this devastating disease. Dr. Miller was presented with the 1999 Rosenthal Award from the Macula Society for her work in developing photodynamic therapy for macular degeneration.

Dovetailing with our clinical growth is the addition of new laboratory capabilities for basic science research. At the Spring Research Retreat held with the Board of Directors two-and-one-half years ago, the Department of Ophthalmology highlighted two areas that, based on departmental needs, the state of the field and epidemiologic impact, deserved high prioritization and substantial investments for more aggressive study: the development of new blood vessels in the eye (neo-angiogenesis) and glaucoma. The Board of Directors recently approved a multi-million dollar project to create a Retinal Research Institute for Macular Degeneration and Diabetic Retinopathy. This facility will occupy 4,000 square feet of space at 325 Cambridge Street, and will allow Dr. Adamis to relocate his laboratory activities from the Children's Hospital to the Infirmary in furtherance of his collaborations with Drs. Miller, Gragoudas, and Donald D'Amico, M.D., who was recently promoted to full Professor of Ophthalmology. Plans are in place for the recruitment of a basic scientist who will explore the molecular-genetic sources of the messages that conspire to induce or suppress new blood vessel formation. Renovation plans for 2,500 square feet of laboratory space in the Connecting Building between the Infirmary and the Massachusetts General Hospital are being finalized for a new glaucoma research laboratory.

The past year witnessed the opening of a conjoint Clinical Research Center between the Schepens Eye Research Institute and the Massachusetts Eye and Ear Infirmary. The administrative offices for this program are on the eighth floor of the Infirmary; they house the Director, Dr. Colby, and clinical coordinators, statisticians and epidemiologists. Dr. Miller was selected to be the first Chairman of the Joint Governance Committee, a position that alternates every other year between the Schepens and the Infirmary. Patients will be recruited from the Infirmary's patient base, and scientists at the Schepens Eye Research Institute will be encouraged to collaborate with Infirmary clinicians in "translational research" that brings findings from the laboratory bench to the bedside. During the first year of operation, five projects were funded at the rate of $35,000 each by combined support from both the Schepens Eye Research Institute and the Infirmary; in early 2000, another five applications will be competitively funded. These focused research projects will facilitate cooperation between the institutions and among the clinical and basic scientists.

Our continuing medical education activities remain well subscribed and vibrant. The Lancaster Course in Ophthalmology, offered over a seven-week period each summer at Colby College in Waterville, Maine, continues to be a success with 80 students from all over the world participating together with 70 faculty, who teach in a staggered fashion during successive sections of the course. The Intensive Review of Ophthalmology course offered in Boston through Harvard Medical School and co-directed by me, David Miller, M.D., and John Weiter, M.D., has also continued to enjoy a steady and loyal attendance. The department gave an overview course for ophthalmologists from Brazil that was organized by Dr. Watkins in conjunction with the continuing medical education department at the Massachusetts General Hospital.

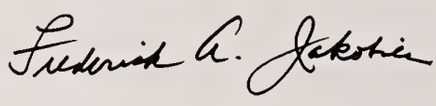
Two other outstanding biennial conferences were conducted with the Schepens Eye Research Institute: an International Cornea Conference (organized by Drs. Adamis and James Zieske) and a Retreat in Ophthalmology Research involving the basic science and clinical faculties (organized by Patricia D'Amore, Ph.D., of the Schepens Eye Research Institute and alternated every other year with the Infirmary); each conference garnered over 150 attendees. These symposia bring the faculty together, permitting them to explore each other's interests and again promoting the development of new collaborative arrangements.

During the past year, the clinical fellows at the Infirmary generated a course on "The Management of Postoperative

Complications in Ophthalmology;" the residents dedicated their course to "Subspecialty Perspectives on Neuro-Ophthalmology." Each of these courses has been accepted as a separate full issue of International Ophthalmology Clinics. The major publication event for the department during academic year 1999, which was in preparation for three years, was the appearance of the second edition of the six-volume textbook *Principles and Practice of Ophthalmology,* edited by Dr. Daniel Albert and me. Four hundred and twenty chapters contributed by more than 500 authors and co-authors cover virtually every aspect of clinical and research ophthalmology in 5,600 pages. Thirty percent of the chapters were brand new, while all the others were substantially revised and brought up to date. The contributors to this textbook are predominantly past or present trainees or faculty in ophthalmology at the Harvard Medical School, the Massachusetts Eye and Ear Infirmary, and the Schepens Eye Research Institute.

For this edition, I am delighted that Drs. Azar and Gragoudas joined me as Associate Chief Editors. Ms. Susan Power served as the Managing Editor for the 50% of chapters that emanated from Boston under my editorial aegis; without her help, we would not have met the deadlines or maintained the high quality and freshness of the chapters. It is not immodest to declare, particularly bearing in mind the positive critical reception of the first edition in the journals, that the textbook is now considered a cornerstone reference in contemporary ophthalmology.

All in all, the Department of Ophthalmology of the Harvard Medical School and the Massachusetts Eye and Ear Infirmary remains in excellent shape. We are fulfilling our commitments to advancing the quality of patient care, training the next generation of specialists, and expanding our laboratory research capabilities and the range of diseases we are investigating. One under-reported and under-celebrated aspect of our communal life is the human diversity that our department encompasses. Trainees are selected on the basis of their accomplishments and future promise; they have myriad religious, national, ethnic and racial backgrounds. There is approximately a 50% breakdown between men and women trainees. Of our 36 hospital-based full-time faculty in the academic practice, I am pleased and proud to mention that one third are women, which I believe is the highest percentage in any academic ophthalmology department in the country. The harmonious and constructive interactions among our diverse faculty and students are powerful intellectual, personal and social solvents of prejudice, to whatever extent it may exist in our environment. We will continue to endeavor to amplify and renew the resplendent traditions of leadership and scholarship as historically exemplified by our department.



Frederick A. Jakobiec, M.D.,
Chief of Ophthalmology

Joan Miller, M.D., Associate Surgeon, and Evangelos Gragoudas, M.D., Surgeon and Director of the Retina Service, pioneered the use of photodynamic therapy (PDT) for the "wet" form of age-related macular degeneration (AMD), the leading cause of blindness among people over the age of 50. PDT using verteporfin, or Visudyne therapy, was recently approved by the Food and Drug Administration.


EVANGELOS
RETINA

Report from the Chief of Otolaryngology

The mission of the Department of Otolaryngology at the Massachusetts Eye and Ear Infirmary is to provide excellence in patient care for disorders that affect the ear, nose, throat, head and neck regions; to conduct clinical and basic research in its area of specialty; to provide excellence in education and training of future health care and research professionals;



Joseph B. Nadol, Jr., M.D.

and to disseminate health-related information to the profession and to the general public. In the year 1999 there was significant activity in all areas.

In FY99, there was continued growth of patient care census in most areas, including Audiology, the Jenks Vestibular Laboratory, and outpatient visits to physicians. Of particular note, in an era of constraints in managed care there has been an increase of approximately 14% in inpatient care, largely ascribable to the Division of Head and Neck Surgery, and a 9% increase in the number of surgical procedures performed by the Department.

In the Division of General Otolaryngology under the direction of Gregory Randolph, M.D., there has been a significant increase in attention paid to sleep disorders, including clinical trials for surgical amelioration of sleep apnea. Dr. Randolph has been elected as Chairman of the Endocrine Subcommittee of the American Academy of Otolaryngology-Head and Neck Surgery and Noah Siegel, a resident in otolaryngology, won first prize at the Academy meeting for his poster on "Microbiology of Sinusitis."

The Clinical Outcomes Research Unit, under the direction of Richard Gliklich, M.D., continues to accrue new contracts at a national level to develop specific health care measures for understanding the socio-economic impact of medical intervention.

Under the direction of Richard Fabian, M.D., there has been approximately a 15% increase in the number of head and neck surgical oncology cases. To accommodate this increased clinical activity, a search process for an additional faculty member has been successfully concluded. We welcome Daniel Deschler, M.D., from Hahnemann University in Philadelphia who joined the faculty at the beginning of the calendar year. We also welcomed the addition of James Rocco, M.D., Ph.D. In addition to spending one day per week in clinical work, Dr. Rocco will concentrate his efforts in the molecular biology, pathophysiology and treatment of head and neck malignancies.

Phase I trials of the use of photodynamic therapy for the treatment of benign and premalignant lesions of the oral cavity has been successfully concluded, and Phase II studies have commenced.

The Infirmary's Hyperbaric Oxygen Unit has been rededicated as the Norman Knight Center for Hyperbaric Medicine in recognition of Mr. Knight's continued support of the Center, which most recently allowed the addition of a third hyperbaric chamber, made necessary by a 20% increase in the number of cases seen.

This year a new Division of Laryngology was created under the direction of Steven Zeitels, M.D., in recognition of the rapid growth of expertise and technology for management of laryngeal disorders. In addition to Dr. Zeitels, the new Laryngology division includes Nicolas BuSaba, M.D., Michael Cunningham, M.D., Richard Fabian, M.D., William Montgomery, M.D., Gregory Randolph, M.D., and Mark Varvares, M.D. A search process is underway for a new full-time laryngologist.

In September, Robert Hillman, Ph.D., returned to the Infirmary in a full-time capacity to assume an expanded role as Director of Clinical and Research Programs in Speech Pathology. This new position is part of an approved expansion of clinical and research programs and facilities devoted to voice, speech, and laryngology. Dr. Hillman will have responsibility for all speech-language-pathology related clinical services as well as oversight and coordination of the research effort in this arena, including the Voice and Speech Laboratory and the Harris Peyton Mosher Laryngology Research Laboratory. In 1995 Dr. Hillman reduced his time commitment to the Infirmary so that he could take on the additional responsibility as Director of the Graduate Program in Communication Sciences and Disorders at the MGH Institute of Health Professions. We are delighted that he has returned to us full time.

Research support for clinically relevant research includes funding from the National Institutes of Health, W.M. Keck Foundation and the Small Business Division of NIH, as well as a mentored clinical scientist development award to Kittie Verdolini, Ph.D., and a new subcontract through the Veteran's Administration Rehabilitation Research and Development Division. In addition, Dr. Zeitels secured funding from the Center for Minimally Invasive Technology (CIMIT) of the MGH in collaboration with the Wellman Laboratory. Drs. Hillman and Verdolini, under the auspices of the American Speech Language Hearing Association (ASHA), presented a five hour interactive satellite broadcast seminar entitled "Management of hyperfunctional voice disorders: unifying concepts and strategy" in May.

This was the first fully operational calendar year of our new Facial Plastic and Cosmetic Surgery Center on the 9th floor. In addition to an increase in patient flow, three new plastic surgeons have been added to our staff. This year Mack Cheney, M.D., received a $150,000 grant for the study of facial nerve regeneration.

The Audiology census has increased by nearly 13% over the previous year. Growth was in all divisions, including hearing tests, hearing aid sales, and electrophysiologic tests. With the assistance of the Department of Business Development an agreement to license a computer based audiometer to a major manufacturer of hearing health care products has been accomplished. The Audiology Department has also developed a proprietary threshold auditory evoked response instrument, which has been put in to clinical use and which is expected to be licensed commercially. Ms. Cheryl Bakey has increased the number of patients served in the Auditory Rehabilitation program. Thanks to the interest and continued support of Dr. and Mrs. Robert Seamans and their friends and colleagues, we are well on our way to establishing a permanent endowment to continue these rehabilitative services into the future.

Aaron Thornton, Ph.D., stepped down as Clinical Director of Audiologic Services as of September 30, 1999. He will stay on at the Infirmary as a Research Associate and concentrate on a variety of clinically important projects. We wish him the very best in his "serial career." A search process has been established to identify his successor.

Under the direction of Don Eddington, Ph.D., the Cochlear Implant Research Laboratory continues its work on improving speech recognition using cochlear implants by the deaf. The primary area of interest at this time is assessing the advantages of binaural stimulation. Experiments thus far have provided evidence that with two cochlear implants binaural advantages may be offered to the profoundly deaf.

In the Jenks Vestibular Laboratory, Richard Lewis, M.D., a neurologist with a special interest in vestibular disorders, has joined our staff. In addition, Daniel Merfeld, Ph.D., a vestibular scientist, has opened a new Vestibular Physiology Research Laboratory on the fourth floor. In the Jenks Vestibular Laboratory there has been an increase in clinical volume and a refinement of test protocols based on NIH funded clinical research activities. In addition, work continues in the development of a prosthesis for the balance impaired, supported by the Keck Foundation and the development of new techniques to assess gait.

With the generous support of Mr. and Mrs. Monte Wallace, Saumil Merchant, M.D., and John Rosowski, Ph.D., have established the Middle Ear Research Unit within the Eaton-Peabody Laboratory. Laser Doppler technology will be used to measure motion mechanics of the ear drum and middle ear ossicles in patients with hearing loss.

We are pleased to announce the full accreditation of our Clinical Fellowship in Otology and Neurotology, which is under the direction of Michael McKenna, M.D. In addition to maintaining a very busy clinical practice, the members of the Pediatric Service continue to be active in professional activities at a national level. At the recent meeting of the American Society of Pediatric Otolaryngology (ASPO), three out of the nine research prizes were awarded to the members of our Pediatric Otolaryngology Service. The competition included the entire United States and 15 additional countries. One of the recipients was Leila Mankarious, M.D., for her work concerning the growth center in the cricoid cartilage of the pediatric trachea. Roland Eavey, M.D., continues his work in the molecular genetics of hearing loss in conjunction with Jonathan Seidman, Ph.D., and his efforts to grow human cartilage outside of the body in order to simplify and improve reconstruction of the auricle. In addition, Dr. Eavey has assumed the role of President of the New England Otolaryngologic Society. Michael Cunningham, M.D., serves as the Section Chairman for Otolaryngology at the American Academy of Pediatrics. He also received the William W. Montgomery Award for Excel-

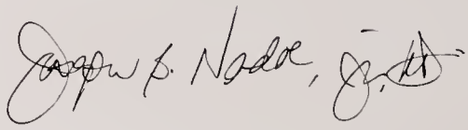
lence in Teaching from the graduating senior residents in 1999 and has assumed the role of Associate Director of the Residency Training Program in Otolaryngology at Harvard and the Infirmary. He also has been named the Education Chairman for the Massachusetts Society of Otolaryngology.

We welcome several new members to the professional staff including David Kieff, M.D., and Sapideh Gilani, M.D., who joined Harvard Vanguard; Roger Nuss, M.D., who is on the full-time staff at the Children's Hospital; Drs. Buehler, Keith, Wilkes, Lorente, Padwa, and Todd, who are consultants for the Infirmary in oral and maxillofacial surgery; William Faquin, M.D., as Assistant Pathologist; Seema Byahatti, M.D., who joined Peter VanOrman, M.D.'s group in Norwood; Amy Lai, M.D., who joins Drs. Mulvaney and Brown in Winchester; Melissa Schneider, M.D., and Sheldon Sevinor, M.D., as new plastic surgeons on the staff; Dan Merfeld, Ph.D., a vestibular scientist; Rick Lewis, M.D., an otoneurologist; and Jim Rocco, M.D., Ph.D., in our Head and Neck Service. Congratulations to several staff members on their promotion: Robert Kiskaddon, M.D., to the rank of Surgeon; Mark Varvares, M.D., David Bowling, M.D., and James Lucarini, M.D., to the rank of Associate Surgeon; John Lazor, M.D., Dr. Mankarious and Nic Bu-Saba, M.D., to Assistant Surgeon; and to the Senior Teaching Faculty, Josh Drooker, M.D., Bob Klotz, M.D., Joe Moretti, M.D., Dave Pierce, M.D., Alfred Weiss, M.D., and Hal Schuknecht, M.D. (posthumously). We were saddened by the passing of two former members of the staff: George Shambaugh, M.D., alumnus of the class of 1932, and Lawrence Hirsch, M.D., a member of the professional staff between 1953 and 1971.

We are pleased to announce that in our National Matching Program for residents, we matched with our top four choices. In addition, we welcome as clinical fellows John Jarboe, M.D., (Laryngology); Jeff Spiegel, M.D., (Plastic and Reconstructive Surgery); Matthew Cosenza, M.D., (Rhinology); Steven Oberlender, M.D. (Moh's surgery).

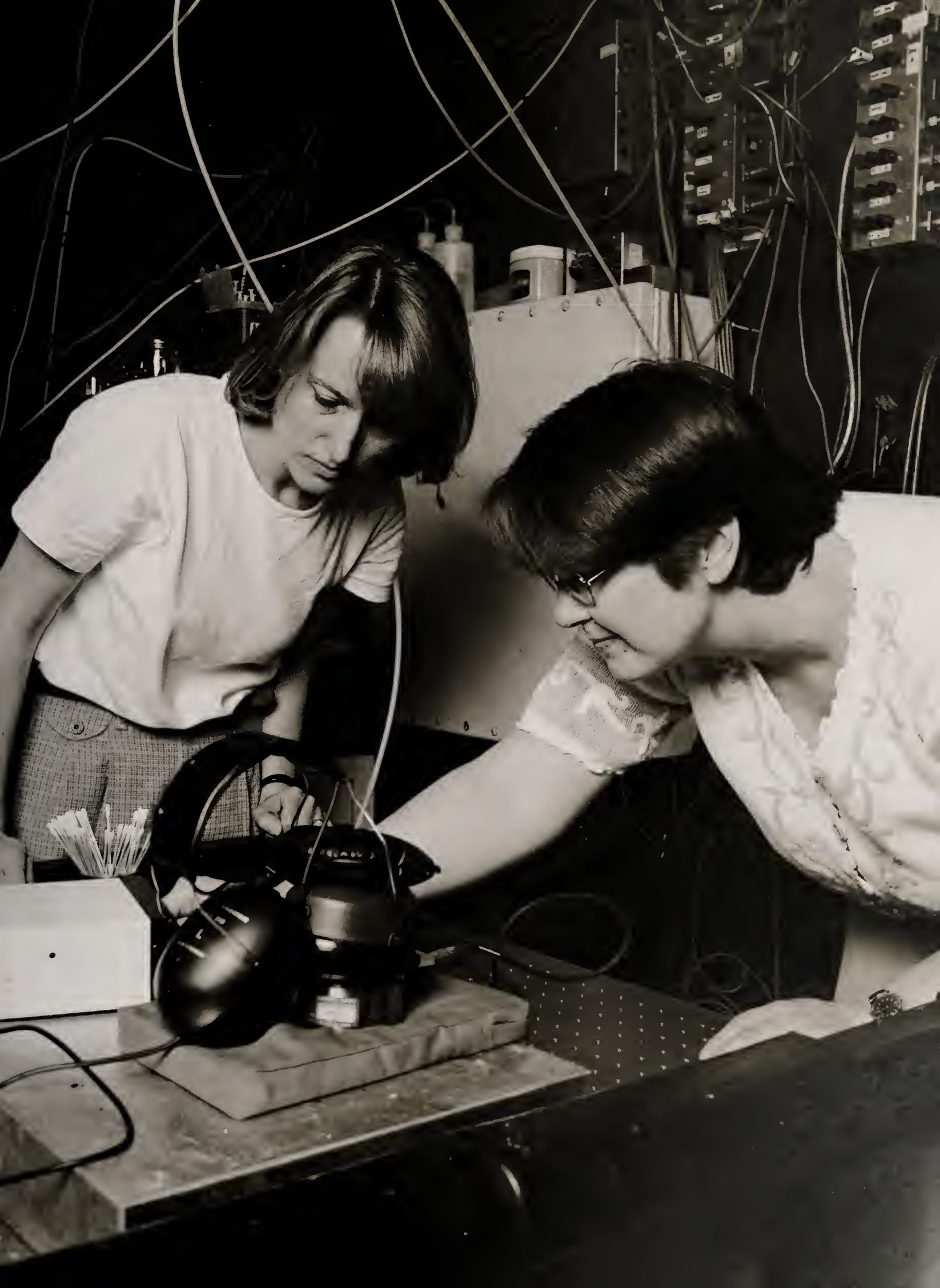
Under the direction of Dr. M. Charles Liberman, a major focus of the research effort of the Eaton-Peabody Laboratory has been a move to use mouse models of hearing and deafness. For example, in the last year a genetically homogeneous strain of mouse has been demonstrated to be resistant to noise injury, and a genetic linkage of this capacity is underway. This holds a promise of better understanding of a common form of hearing loss and preventing it in the human. In addition, in a mouse model simulating age-related hearing loss in the human, alteration in the genetic background of a thyroid hormone receptor completely eliminates early hearing loss. This again will help to identify the underlying mechanism of hearing loss and holds the promise of an application to the human situation.

A faculty search for a new junior level molecular biologist has been successfully concluded in the naming of Stefan Heller, Ph.D., who is currently in the laboratory of Dr. Hudspeth at the Rockefeller. He will move to the Infirmary in July 2000 to set up a laboratory in molecular biology of hearing. Konstantina Stankovic, M.D., a former graduate student in the Speech and Hearing Sciences program, received her MD degree magna cum laude from the Harvard Medical School this year. She was also chosen for the Henry Asbury Christian Award for her M.D. Honors thesis entitled "The cellular basis of fluid and electrolyte transport in the inner ear," mentored by Joe Adams, Ph.D. Dr. Trbovic will join the Harvard Residency Training Program in Otolaryngology at the Infirmary in July 2000. The Department serves as a primary clinical venue for residency training in otolaryngology in conjunction with colleagues at Children's Hospital, Brigham and Women's Hospital, and the Beth Israel Deaconess Medical Center. In 1999 there were 16 research fellows, four clinical fellows who trained in the Department. In addition, the Visiting Colleague Program, directed by Dr. Roland Eavey, attracted 37 colleagues this year from 19 countries to the clinical and research facilities at the Infirmary. The Department wishes to thank its patients, staff, and Board of Directors for their help and support for making this a busy and successful year.



Joseph B. Nadol, Jr., M.D.
Chief of Otolaryngology

Jennifer Melcher, Ph.D., Assistant Professor, Otology and Laryngology, and Monica Hawley, post-doctoral fellow, demonstrate an acoustic calibration of headphones in the Eaton-Peabody Laboratory. The calibrations are used in studies of tinnitus and hearing loss.



1999 Employee Stars



January
Belinda Zhen
ENT Professional Billing



February
Chuck Roach
Corneal & Refractive Surgery



April
Errol Lowe
Receiving



May
John Hurley
Social Services



June
Marianne Tompkins
Human Resources



July
Donna Hardy
Communications



August
Jeff Seamans
Purchasing



September
Margaret Lau
Dietary



October
Basillio Hurdle
Nursing



November
Tammy Sforza
Pharmacy



December
Anne Morency
Health Information Systems

Not pictured:

March
Mary Bartley, R.N.
ENT Administration

One of the people who make the difference at the Infirmary is Gayl Perry, LICSW, who attends to one of her many thankful patients. Gayl is the recipient of the 1999 Lane W. Adams Award from the American Cancer Society. The award is given to those people who provide competent, compassionate care to patients and families, and to those whose care is characterized by innovation and consistent excellence.


GAYL PERRY, LICSW
GAYL

Massachusetts Eye and Ear Infirmary

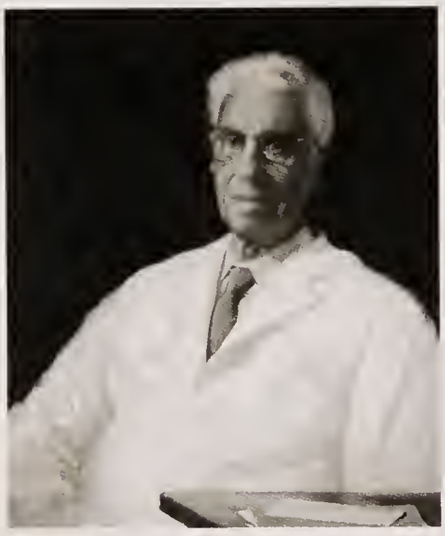
THE 21ST CENTURY FUND

The 21st Century Fund Campaign Exceeds Goal

The 21st Century Fund Campaign surpassed its original goal set back in 1993 and concluded on December 31, 1999 at $51,362,316. The Infirmary deeply appreciates the continued efforts of Robert T.P. Storer, Sr., Infirmary Trustee, Campaign Chairwoman Diane E. Kaneb, and Chairman of Development Committee James Sullivan, Sr. Patients, friends and employees of the Infirmary generously gave more than 32,000 gifts and pledges.



Diane E. Kaneb, Chair of the 21st Century Fund, congratulates all who made the successful conclusion of the $50 million campaign possible.



A portrait of Claes H. Dohlman, M.D., located on the third floor of the Infirmary, honors his lifetime achievements.

Infirmary Honors Dohlman

A portrait to honor the lifetime achievements of Professor Claes H. Dohlman, M.D., has been placed on the third floor of the Infirmary. After joining the faculty here more than 40 years ago, Dr. Dohlman founded the Cornea Service and ultimately became the Chairman of the Department of Ophthalmology at Harvard Medical School and Chief of Ophthalmology at the Infirmary.

Dr. Dohlman has trained more academic external disease specialists than any other ophthalmologist, now reaching into third generation programs internationally. His contributions in basic science include major advances in corneal physiology and transplantation survival mechanisms. Clinically he has played a singular role in establishing corneal transplantation surgery, and the successful development of the keratoprosthesis to restore sight to otherwise incurably blind eyes. His numerous international awards include the Friedenwald Award, the Castroviejo Medal, and the Royal Physiographic Society of Sweden.

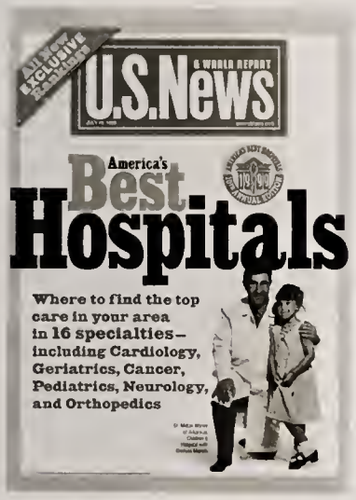
The artist, Damon Lehrer of Boston, has work in several private and permanent museum collections and frequent exhibits in the United States and Great Britain.

Constant Commitment to the Community

As part of the Community Benefits Program, the Infirmary continued its outreach efforts by offering free health screenings in the Boston area. The program also offered comprehensive vision and hearing care at its "adopted" school, the Neighborhood House Charter School in Dorchester, MA. At no cost, the school's 160 students continue to benefit from this service. This year, as part of its commitment to our community, the Infirmary joined with The ROSE Fund, a partnership program that offers free reconstructive surgery to women who have been hurt by violence. This addition to the program has become another avenue for the Infirmary to help those less fortunate.



An Infirmary Audiologist administers a hearing test to a young student at its "adopted" school, the Neighborhood House Charter School in Dorchester, MA.



Infirmary Awarded Top Score by JCAHO; Ranked High by *U.S. News & World Report*

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) awarded the MEEI with an outstanding score of 99% for 1999. For the third consecutive survey, the JCAHO also awarded the Infirmary with Accreditation with Commendation. Carol Covell, R.N., M.S., Senior Vice President of Patient Services, coordinated the effort.

In addition, for the ninth consecutive year, the Infirmary earned the *U.S. News & World Report* award for one of the 1999 America's Best Hospitals. MEEI was ranked third in the category of Ear, Nose and Throat and fourth in Eyes.

13th Annual Reynolds Society Dinner

The Massachusetts Eye and Ear Infirmary held its thirteenth Annual Reynolds Society Dinner on November 5th at the Fairmont Copley Plaza in Boston. The Reynolds Society Achievement awards were presented to Timothy J. Cordes, Tamika Catchings and Alfred E. Mann. The second blind person ever admitted to a medical school in the United States, Timothy J. Cordes is preparing for a combined M.D./Ph.D. degree and is the recipient of numerous scholarships and scholastic awards. Severely hearing impaired, Tamika Catchings plays for the University of Tennessee women's basketball team, is a member of the All-American Team and has earned Academic All-Southeastern Conference honors. Devoted to the development of advanced medical devices, Alfred E. Mann is the founder of 11 companies, including Advanced Bionics, which manufactures the Clarion Cochlear Implant, and Second Sight, a company that is developing a visual prosthesis to restore sight to the blind.

Sheldon A. Buckler, Ph.D., Chairman of the Infirmary, made a special presentation to George J. Rabstejnek, former Chairman of the Reynolds Society. Mr. Rabstejnek was praised for many dedicated years of service.



Nancy MacDonald presents Alfred E. Mann with a Reynolds Society Achievement Award.



Reynolds Society Achievement Award recipients Timothy J. Cordes and Tamika Catchings.

1999 Statistical Report

Massachusetts Eye and Ear Infirmary

Fiscal Year 1999

Inpatient Hospital 42 Beds	Discharges:	
	Eye Discharges	364
	ENT Discharges	1,750
	Total	**2,114**
	Patient Days	7,130
	Average Length of Stay	3.37
Surgical Procedures	Inpatient Surgery:	
	Eye Cases	414
	ENT Cases	1,293
	Total	1,707
	Ambulatory Surgery:	
	Eye Cases	13,410
	ENT Cases	5,889
	Total	19,229
	Total Surgical Procedures	**20,006**
	Ambulatory Surgery Cases Utilizing Observation Service	3,416
Outpatient Department	Ophthalmology	
	General Eye	19,274
	Glaucoma	10,525
	Cornea	9,306
	Retina (including Immunology)	18,442
	Neuro-Ophthalmology	4,939
	Pediatric Ophthalmology and Strabismus	2,616
	Eye Plastic	2,791
	Electroretinograpy	3,061
	Vision Rehabilitation	3,699
	Contact Lens	4,624
	Methuen Center	2,870
	Somerville Center	2,634
	Stoneham Center	2,673
	Brigham and Women's Center	14,207
	Brockton	83
	Total	101,744
	Otolaryngology	
	Infirmary	45,123
	Stoneham Center	13,217
	Quincy Center	14,769
	Wellesley Center	6,734
	Framingham Center	2,761
	Total	82,609
	Total Outpatient Visits	**184,353**
Emergency Room	**Total Visits**	**25,809**
Special Services	Audiology Department -- Outpatient Visits	12,770
	Hearing Aid Center	2,411
	Evoked Response	1,145
	Newborn Audiology	2,758
	Radiology Department - -Conventional Exams	4,529
	CT Scan	5,999
	MRI	4,266
	Laboratories --Bacteriology (Cultures)	11,048
	Clinical Lab (Procedures)	79,283
	ENT Pathology (Specimens)	12,058
	Eye Pathology (Specimens)	4,228
	Frozen Section Laboratory	2,111
	Electrocariograms	4,488
	Fluorescein Angiography	9,509
	Occupational Therapy	1,620
	Optical Shop	8,780
	Pain Clinic	45
	Ultrasonography	3,751
	Vestibular Laboratory	2,445
	Voice and Speech Laboratory	8,296
	Hyperbaric Oxygen Treatments	1,775

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Balance Sheet

as of September 30, 1999

ASSETS

Current Asset	
Cash and Cash Equivalent	$4,803,346
Assets Whose Use is Limited Under Indenture Agreement (Required for Current Liabilities)	$1,176,859
Patient Accounts Receivable	
Less Allowance for Doubtful Accounts ($5,892,500)	$17,415,682
Other Current Assets	$2,343,238
Total Current Assets	$25,739,125
Assets Whose Use is Limited	
Funded Depreciation	$1,565,216
Special Cash Reserves	$7,702,575
Under Indenture Agreement	$4,224,697
Total Assets Whose Use is Limited	$13,492,488
Investments	$81,974,192
Pledges Receivable	$1,901,148
Remainder Interest in Charitable Trusts	$2,800,954
Beneficial Interest in Trust	$13,954,778
Property, Plant & Equipment (Net of Depreciation of $98,132,730)	$73,219,602
Other Assets	
Intangible Assets (Net of Amortization of $329,846)	$1,262,322
Deposits	$418,100
Total Assets	$214,762,709

LIABILITIES AND NET ASSETS

Current Liabilities	
Current Portion of Long-term Debt and Capital Leases	$3,061,888
Accounts Payable and Accrued Expenses	$11,680,631
Accrued Interest	$482,379
Estimated Settlements with Third Party Payors	$4,585,089
Total Current Liabilities	$19,809,987
Long-term Debt, Less Current Portion	$43,911,663
Accumulated Post-Retirement Benefit Obligations	$548,999
Professional Liability Reserve	$1,763,901
Accrued Pension Costs	$2,258,292
Total Liabilities	$68,292,842
Net Assets	
Unrestricted for General Operations	$48,632,118
Board Designated	$21,491,592
Total Unrestricted Net Assets	$70,123,710
Temporarily Restricted	$33,299,065
Permanently Restricted	$43,047,092
Total Net Assets	$146,469,867
Total Liabilities and Net Assets	$214,762,709

Foundation of the Massachusetts Eye and Ear Infirmary, Inc. Combined Statement of Revenue and Expenses of the General Funds

as of September 30, 1999

Net Patient Revenue	
Net Patient Service Revenue	$89,926,457
Other Operating Revenue	
(Including $13,661,712 from Research, Contributions and Grants)	$25,545,568
Total Operating Revenue	$115,472,025
Operating Expenses	
Patient Care and Clinical	$82,856,518
General and Administrative	$20,436,506
Research	$11,639,922
Education	$1,618,790
Total Operating Expenses	$116,551,736
Deficit of Revenues Over Expenses Before Prior Years' Reserves	$(1,079,711)
Reduction of Prior Years' Reserves	$2,994,190
Income From Operations	$1,914,479
Other Gains	$1,666,777
Excess of Revenues Over Expenses	$3,581,256
Other Support	$3,425,862
Increase in Unrestricted Net Assets	$7,007,118

In addition, the Foundation received the following restricted funds income:	
Gifts and Bequests	$3,119,912
Investment Income	
Interest and Dividends	$310,278
Realized Gains on Investments	$2,788,607
Unrealized Losses on Investments	($3,320,779)
Gain on Beneficial Interest in Trust	$1,886,849

A copy of the audited financial statements is available upon request from the Office of Public Affairs, (617) 573-3340.

Medical Staff

Department of Anesthesiology

Active Staff

Chief of Anesthesiology
John V. Donlon, Jr., M.D.

Anesthesiologists
John V. Donlon, Jr., M.D.
Malcolm J. Heslop, M.D.
Jin Woo Kim, M.D.

Associate Anesthesiologists
Tuan Xuan Nghiem, M.D.
Janine T. Rodrigues-Saldanha, M.D.
Lily G. Tabbal, M.D.

Assistant Anesthesiologists
Joseph Bayes, M.D.
Agata A. Boland, M.D.
Nancy L. Gessner, M.D.
Gail D. Grunberg, M.D.
Lauren G. Lookner, M.D.
Ilya Malikin, M.D.
Karen Ott, M.D.
Martin J. Redmond, M.D.
Gabrielle F. Troll, M.D.
Xiangwei Zhang, M.D.

Active Staff (Part-time)

Assistant Anesthesiologist
Rebecca J. Leong, M.D.

Active Staff (Full-time)

Assistants in Anesthesiology
Brian D. Blondin, M.D.
Paul J. Christo, M.D.
Vivian Toney, M.D.

Medical Unit

Chief of Medical Unit
Robert A. Hughes, M.D.

Medical Unit Staff
Jonathan S. Bogan, M.D.
Carol Ehrlich, M.D.
Wesley Fairfield, M.D.
Timothy Ferris, M.D.
Robert Hughes, M.D.
Barrett Kitch, M.D.
Benjamin Leder, M.D.
John Lepore, M.D.
Herbert Lin, M.D.
Peter Linde, M.D.
Benjamin Medoff, M.D.
Gerard Nau, M.D.
Philip Norris, M.D.
John Poneros, M.D.
Albert Shaw, M.D.
Ravi Thadhani, M.D.
Ramnik J. Xavier, M.D.

Infectious Disease Service
Marlene L. Durand, M.D.

Department of Ophthalmology

Active Staff

Chief of Ophthalmology
Frederick A. Jakobiec, M.D.

Associate Chiefs of Ophthalmology
Dimitri T. Azar, M.D.
Donald J. D'Amico, M.D.
John I. Loewenstein, M.D.
Magdalena Krzystolik, M.D.
Vincent J. Patalano, M.D.
Yichieh Shiuey, M.D.

Surgeons in Ophthalmology
Ann M. Bajart, M.D.
A. Robert Bellows, M.D.
Eliot L. Berson, M.D.
Jack F. Bowers, M.D.
Robert J. Brockhurst, M.D.
Donald J. D'Amico, M.D.
Richard L. Dallow, M.D.
Claes H. Dohlman, M.D.
Thaddeus P. Dryja, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Albert R. Frederick, M.D.
H. MacKenzie Freeman, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
Arthur S. Grove, M.D.
Tatsuo Hirose, M.D.
B. Thomas Hutchinson, M.D.
Frederick A. Jakobiec, M.D.
Kenneth R. Kenyon, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D., Ph.D.
Joel A. Kraut, M.D.
Arnold J. Kroll, M.D.
Deborah P. Langston, M.D.
Simmons Lessell, M.D.
Byron S. Lingeman, M.D.
John I. Loewenstein, M.D.
Peter L. Lou, M.D.
J. Wallace McMeel, M.D.
Edward B. Murphy, Jr., M.D.
Ronald C. Pruett, M.D.
Charles D.J. Regan, M.D.
Alfred W. Scott, M.D.
John G. Sebestyen, M.D.
Johanna M. Seddon, M.D.
John W. Shore, M.D.
Richard J. Simmons, M.D.
Felipe I. Tolentino, M.D.
David S. Walton, M.D.
Michael S. Wiedman, M.D.

Associate Surgeons
Dimitri T. Azar, M.D.
Don C, Bienfang, M.D.
Gary E. Borodic, M.D.
Chester J. Boulris, M.D.
Sheldon M. Buzney, M.D.
Eugene C. Ciccarelli, M.D.
Steven H. Cobb, M.D.
Leo T. Chylack, M.D.
Anthony J. Fraioli, M.D.
Alexander R. Gaudio, M.D.
Philip J. Harris, M.D.
David S. Hutchison, M.D.
James R. Lee, M.D.
Howard Martin, M.D.
Joan W. Miller, M.D.
Shizuo Mukai, M.D.
Robert A. Petersen, M.D.
Peter A. D. Rubin, M.D.
Delia N. Sang, M.D.
Bradford J. Shingleton, M.D.
Roger F. Steinert, M.D.
Trexler M. Topping, M.D.
John J. Weiter, M.D.
John J. Woog, M.D.
Lucy H. Young, M.D., Ph.D.

Assistant Surgeons
Mark Abelson, M.D.
Anthony P. Adamis, M.D.
Maida P. Antigua, M.D.
Paul G. Arrigg, M.D.
Jorge Arroyo, M.D.
Nathalie F. Azar, M.D.
Michael A. Chang, M.D.
Romeo K. Chang, M.D.
M. Reza Dana, M.D., MPH
Maryanna Destro, M.D.
Eric Endo, M.D.
Richard H. Feit, M.D.
Macie Finkelstein, M.D.
Jeffrey P. Gilbard, M.D.
Andrew J. Gillies, M.D.
Edward F. Goodman, M.D.
Jeffrey P. Green, M.D.
Paul L. Gunderson, M.D.
Bonnie An Henderson, M.D.
Mark S. Hughes, M.D.
Kevin J. Kaufman, M.D.
Mark A. Latina, M.D.
Robert A. Lytle, M.D.
Craig A. McKeown, M.D.
Mariana D. Mead, M.D.
Steven M. Patalano, M.D.
Vincent J. Patalano, M.D.
Roberto Pineda, M.D.
David G. Perkins, M.D.
Richard P. Pesavento, M.D.
Michael K. Pinnolis, M.D.
Donald W. Putnoi, M.D.
Thomas M. Richardson, M.D.
Claudia U. Richter, M.D.
Joseph F. Rizzo, III, M.D.
James W. Rosenberg, M.D.
Edward A. Ryan, M.D.
Francis C. Sutula, M.D.
Jonathan H. Talamo, M.D.
Daniel J. Townsend, M.D.
David M. Tracy, M.D.
Susan Wong, M.D.
Gloria Wu, M.D.

Assistants in Ophthalmology
Teresa Chen, M.D.
John B. Constantine, M.D.
Mark Dacey, M.D.
David S. Gendelman, M.D.
Evan B. Gold, M.D.
Cynthia Grosskreutz, M.D., Ph.D.
Mary Elizabeth Hartnett, M.D.
Barry H. Jacobs, M.D.
Glenn P. Kimball, M.D.
Ernest W. Kornmehl, M.D.
Mark C. Kuperwaser, M.D.
Joseph J. Levy, M.D.
David G. Lotufo, M.D.
Richard Low, M.D.
Mary Jane McCarron, M.D.
Michael G. Morley, M.D.
Louis R. Pasquale, M.D.
Dale C. Oates, M.D., Ph.D.
P. David Reese, M.D.
Heidi Remulla, M.D.
Martin D. Richler, M.D.
Thomas Smith, M.D.
Neal G. Snebold, M.D.
Paul J. Wasson, M.D.
Lynnette Watkins, M.D.
Lawrence E. Weene, M.D.
Richard S. Weinhaus, M.D.
Janey Lee Wiggs, M.D., Ph.D.
Sonia Yoo, M.D.

on leave of absence
* deceased

Associate Staff

Surgeons
Harry E. Braconier, M.D.
Ephraim Freedman, M.D.
Stephen J. Fricker, M.D.
John R. Gehring, M.D.
Perry Rosenthal, M.D.

Associate Surgeons
Ralph H. Hinckley, M.D.
Clement Trempe, M.D.

Assistant Surgeons
C. Davis Belcher, M.D.
David Z. Greenseid, M.D.
Alex Jalkh, M.D.
Ernst J. Meyer, M.D.
Roberto Pineda, M.D.
Carmen A. Puliafito, M.D.
Leon L. Remis, M.D.
Theodore Renna, M.D.
Ruthanne B. Simmons, M.D.

Assistants in Ophthalmology
Frederick C. Armbruster, M.D.
Jean-Bernard Charles, M.D.
Robert J. D'Amato, M.D.
Elizabeth Daher, M.D.
Miriam Dougherty, M.D.
Deborah S. Eappen, M.D.
C. Douglas Evans, M.D.
Edward Feinberg, M.D.
Kweku Ghartey, M.D.
Bruce J. Gillers, M.D.
Robert Haimovici, M.D.
Deborah S. Jacobs, M.D.
Nabil I. Jarudi, M.D.
Daniel Laby, M.D.
Robert T. Lacy, M.D.
Kameran Lashkari, M.D.
Judy T. Lin, M.D.
O'Ine McCabe, M.D.
Edward F. McCarthy, M.D.
Timothy J. Murtha, M.D.
Steven A. Nielsen, M.D.
Lawrence I. Rand, M.D.
Peter A. Rapoza, M.D.
Elias Reichel, M.D.
Bernard Schwartz, M.D., Ph.D.
Jeffrey L. Taveras, M.D.
Lois M. Townshend, M.D.
Stewart J. Turner, M.D.
Eliane Uninsky, M.D.
Kuldip K. Vaid, M.D.
Deborah E. Zuckerman, M.D.

Assistant Staff

Assistants In Ophthalmology
Susan Freitag, M.D.
Masud Malik, M.D.
Ann McColgin, M.D.

Consulting Staff

Associate Surgeons
Lloyd M. Aiello, M.D.
Eeva-Liisa Martola, M.D.
Jill Smith, M.D.

Courtesy Staff

Assistant Surgeons
Claudia Arrigg, M.D.
Eric Johnson, M.D.
Jay Kaufman, M.D.
Brent Lambert, M.D.
Mary Gilbert Lawrence, M.D.
Peter B. Mooney, M.D.

Assistants in Ophthalmology
Jules L. Baum, M.D.
Michael Bradbury, M.D.
Joseph F. Burke, M.D.
Richard A. Dornfield, M.D.
Jay Duker, M.D.
David E. Eisenberg, M.D.
Bishara Faris, M.D.
George T. Frangieh, M.D.
Firmon E. Hardenbergh, M.D.
Mandi Z. Kunen, M.D.
Vicki Kvedar, M.D.
Shelley G. McKee, M.D.
Mehul. C. Mehta, M.D.
Clifford M. Michaelson, M.D.
Michael J. Price, M.D.
Michael B. Raizman, M.D.
Stephen H. Rostler, M.D.
Deborah Scholossman, M.D.
Joel Schuman, M.D.
Sabera T. Shah, M.D.
Omah S. Singh, M.D.
Lois E. Smith, M.D., Ph.D.
Sarkis H. Soukiasian, M.D.
Ernest A. Sutcliffe, M.D.
John V. Thomas, M.D.
George A. Violin, M.D.
Stephen A. Youngwirth, M.D.
Mandi Zaltas, M.D.

Associate Surgeons
Frank Berson,, M.D.
John Carroll, M.D.
Brent Lambert, M.D.

Emeritus Staff

Surgeons
S. Arthur Boruchoff, M.D.
Thomas P. Cronin, M.D.
John Gehring, M.D.
W. Morton Grant, M.D.
Warren D. Haley, M.D.
Carl Cordes Johnson, M.D.
Sumner D. Liebman, M.D.
Eeva-Llisa Martola, M.D.
George M. Olive, M.D.
Charles L. Schepens, M.D.
Earl S. Seale, M.D.
Richard Simmons, M.D.
Albert E. Sloane, M.D.
Silvio R. Von Pirquet, M.D.
Francis J. West, M.D.

Associate Surgeons
Frederic B. Breed, M.D.
Carl G. Freese, Jr., M.D.
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Nasrin Afshari, M.D.
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Estate of Edna A. Coleman
Mr. and Mrs. Nelson Darling
Betsy and Michael Dingman
Mrs. W. Dixie Reynolds Doreau
Stephen Fish
Frank and Ruth Gerrity
Grousbeck Family Foundation
Estate of Doris Hubbard
Frederick A. Jakobiec, M.D.
Dave and Joy Jenkins
Estate of Evelyn M. Jenks
Nelson Yuan-Sheng Kiang
Leonora H. Knowles Trust
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Monte and Anne Wallace
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Miss Nancy V. Weare
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Gifts of $50,000 to $99,999

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Estate of Freddie A. Belknap
Atty. & Mrs. Efthemios J. Bentas
Alexander Bernhard and Myra Mayman
Mr.* and Mrs.* Clifton Billings
Mr. John C. Cannistraro, Sr.
William H. Darling
Ruth and Paul Donahue
Mrs. William Ellison
Hope Felton Charitable Trust
Mr. and Mrs. George Galvin
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Harold Grinspoon Charitable Foundation
Joseph W. and Anna P. Haley
Delia N. Sang, M.D. and Mark S. Hughes, M.D.
Mr. and Mrs. John Lowell
Dr. and Mrs. Joseph B. Nadol, Jr.
Carl G. Palmgren Annuity Trust
Estate of Frank E. Salen
Mr. and Mrs. Robert T.P. Storer, Jr.
Estate of Barbara W. Sturtevant
Frederick G.P. Thorne
Mr.* and Mrs.* Ralph Travers
Mr. Stetson Whitcher
Mrs. Philip Wick, Jr.
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Mr. and Mrs. Gus Aslanis
Judith and Joseph Auerbach
Gary L. and Joan Bergstrom
Mr. David G. Bradley
Robert B. Brigham Trust
Mr. and Mrs.* Charles H. Burkhardt
Pauline and Barry Cohen
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Estate of Rose E. Forni
Paul W. Franklin Trust
Crawford Gordon
Rufus and Edna Grason
Mary E. Kearney
Mrs. Brendan D. Leahey
Drs. Simmons and Irma Lessell
Louise and John Loewenstein
Mary Ensign Lovejoy Trust
Richard and Patricia MacKinnon
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Ms. Suzanne Murray
Mrs. Edith H. Overly
Charles C. Parkhurst Trust
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Dr. and Mrs. Bernard Schwartz
Samuel L. Shanberg Living Trust
Estate of Anna Sher
Mr. and Mrs. Bruce Silver
Estate of Gertrude P. Smith
Estate of Walter E. Southwick
William F. Spang
Ms. Elaine G. Spero
Rand K. Spero and Barbara A. Hall
Drs. Roger and Marilyn Steinert
Mr. and Mrs. Richard Stern
Robert and Joanellen Sweeney
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Estate of Ruth P. Vail
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Marion E. Wheeler
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Lucille Batal
Dr. and Mrs. David M. Bowling
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Karen K. Chandor
Mr. and Mrs. Melville Chapin
Marion Chesley Trust
Peter J. Chinetti and Jill C. Richardson
D.J. Cunningham Revocable Trust
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Dr. Claes Dohlman and Carin Dohlman
Martha and Charles Douglas
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Drs. M. Sheila Desmond and Roland D. Eavey
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Mr. and Mrs. Richard J. Egan
Estate of Henry Ehrlich
Estate of Natalie Emmons
Richard and Lucy Fabian
Mr. and Mrs. Donald R. Findlay
Dr. and Mrs. C. Stephen Foster
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Mr. John B. Glode
Mr. and Mrs. Peter Godfrey
Mr. and Mrs. Sidney Goldstein
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Estate of Elizabeth B. Hayes
Estate of Margaret R. Henretta
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Weston Howland, Jr.
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Dr. Rizzato Giovanna Zagarese
Mr. John Carl Zawada
Dr. and Mrs. Harry L. Zeitels
Steven M. Zeitels, M.D.

* deceased

Gifts of $1,000,000 or more
Anonymous (1)
W.M. Keck Foundation
Massachusetts Lions Eye Research Fund
Research to Prevent Blindness

Gifts of $500,000 to $999,999
The Charles Stark Draper Laboratory, Inc.

Gifts of $100,000 to $499,999
Anonymous (2)
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The Boston Foundation -- Albert J. and Diane E. Kaneb Family Fund II
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Bessie Pappas Charitable Foundation, Inc.
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The Potts Memorial Foundation
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The Macular Degeneration Foundation
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The MacDowell Company
The Macula Foundation Inc.
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MEEI Alumni Association
MEEI Board of Surgeons
MEEI Clinical Laboratory and Infection Control Staff
MEEI Department of Ophthalmology
MEEI Retina Service
Mentor Medical, Inc.
Microtek Medical, Inc.
Missouri Council of the Blind, Inc.
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Pictured from left to right, F. Curtis Smith, Infirmary President, Anthony P. Adamis, M.D., Associate Surgeon, Cornea Service, and Vincent Parfumi, Manager, Facilities Planning, examine plans and survey construction in the new Retina Research Institute for Macular Degeneration and Diabetic Retinopathy. Joan W. Miller, M.D., Lucy H.Y. Young, M.D., and Dr. Adamis will perform research in the new laboratory, which is scheduled to open in the summer of 2000.

* deceased



ANNIE SULLIVAN SOCIETY



The Annie Sullivan Society honors and recognizes the many thoughtful and generous individuals who have joined the Infirmary in its mission to preserve sight, hearing, speech and balance. Membership in the Annie Sullivan Society is open to those who name the Massachusetts Eye and Ear Infirmary in their wills, planned gifts or estate plans. There is no membership fee.

Annie Sullivan, known to the world as "The Miracle Worker," indeed worked miracles with Helen Keller. With Annie's help, Helen became a highly accomplished and inspirational communicator -- both verbally and in writing -- and proved to the world that a blind and deaf person can live a full and productive life in a world of sight and sound.

Many do not know that Annie, too, struggled with vision problems throughout her life. As a child, her eyesight was normal until shortly before her eighth birthday when she was struck by a disease that clouded her vision. Despite three operations, Annie's eyesight did not improve, and she resigned herself to a life of blindness. However, at the age of fifteen, she learned of Dr. Bradford at the Massachusetts Eye and Ear Infirmary who performed two surgeries, eventually restoring vision to Annie.

With the gift of sight, Annie decided to pursue a career as a teacher of the blind. Her first teaching assignment was the seven-year-old blind, deaf and mute Helen Keller, whom she would teach and nuture for the rest of her life.

Become a Miracle Worker

Your legacy, of whatever size, is critically important in helping the Massachusetts Eye and Ear Infirmary provide the finest care to patients with disorders of the eyes, ears, nose, throat, head and neck. With your help, we will continue to improve the training, and expand the research, that one day may prevent those diseases or cure them entirely.

By joining the Annie Sullivan Society, you will enjoy:

✓ An annual members reception;

✓ Inclusion in an Annie Sullivan Society members listing published in the Infirmary's Annual Report;

✓ A subscription to the Society's newsletter, featuring current news of the Infirmary and information on financial planning;

✓ The satisfaction of knowing that you are helping to work "miracles" in the lives of those who live with the loss of vision, hearing, speech or balance.

You may designate a specific purpose for your estate plan gift to the Massachusetts Eye and Ear Infirmary. Depending on your interests, you may support patient care, research or training in ophthalmology or otolaryngology, or make an unrestricted gift that will enable the Infirmary to allocate the funds where they are most needed at the time they are received. You may also choose to establish your own named fund with a minimum gift of $25,000. For more information about the Annie Sullivan Society, please contact Melissa Paul, Senior Development Officer, at 617-573-4168.

Members of the Annie Sullivan Society

The followig Annie Sullivan Society Charter members have named the Infirmary in their will, planned gifts or estate plans:

Anonymous (7)
Albert Auburn
Edith and Joseph Auerbach
Elma Baldrick
Mr. and Mrs. Alexander Bernhard
Dorothea and Sheldon Buckler
Rita H. Chabot
Vincent Dolaser
John R. Fitzpatrick
Mr. and Mrs. George Galvin
Frank and Ruth Gerrity
Grace Giddens
Sandra C. Heath
William E. Jones
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Shaun and Kathleen Levesque
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Margaret and Jim Sullivan
Mr. and Mrs. David J. Tucker
Nancy V. Weare
Stetson Whitcher
Mr. and Mrs. Charles T. Young, III

* deceased

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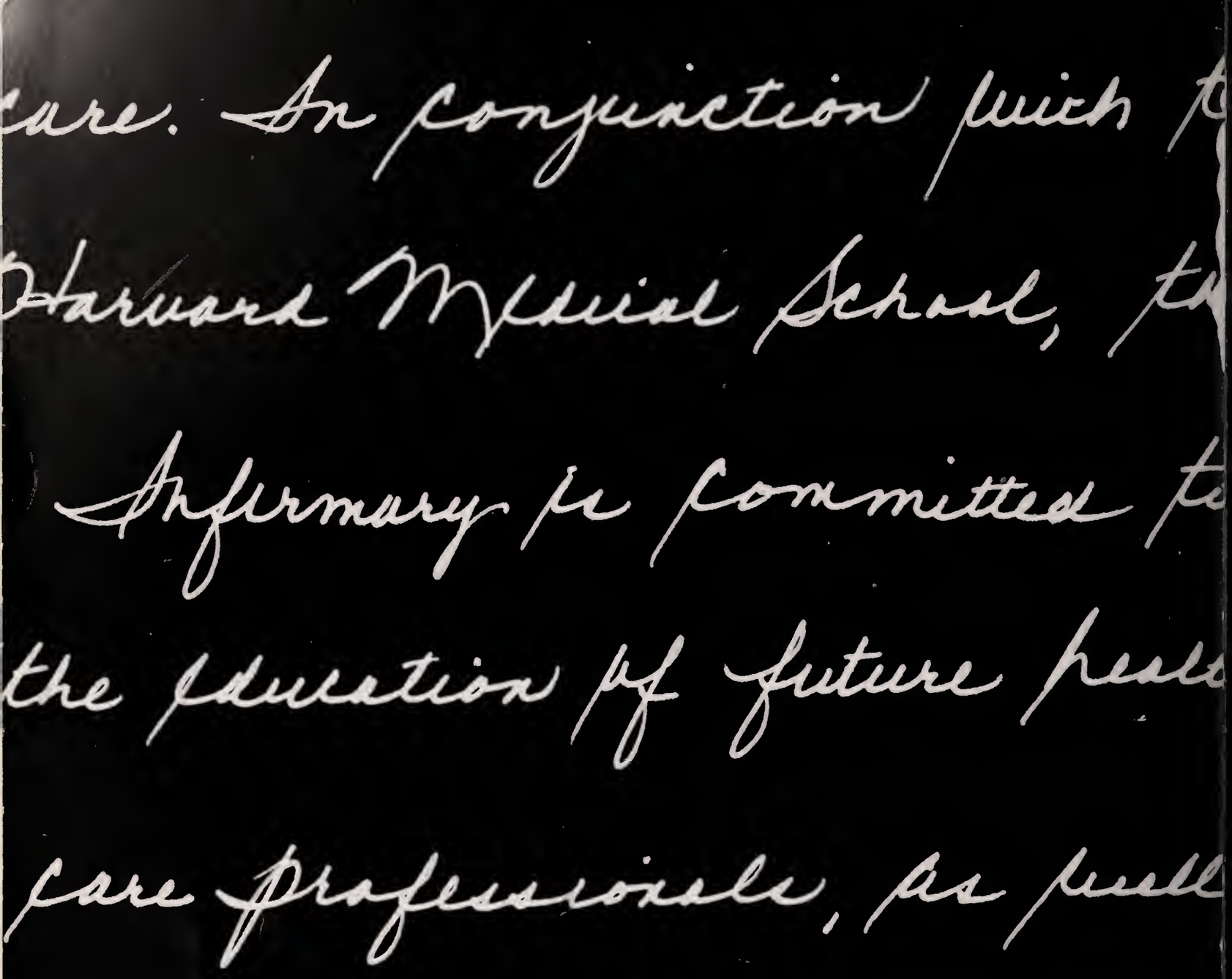
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